STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH WITHIN	N CORPORATE LIMITS
County alegan	Registration Dist. No.
Village or City Confidence	No. 10 36 lla Clue St., 6-3 Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long in U.S. if of foreign birth?yrs,ds
2. FULL NAME Natrica Marie	B. 00
(a) Residence: No 1012 Ella Que	6 −3 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR OLVORCED (write the word)	21. DATE OF DEATH
T. W. Single	(Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. LHEREBY C-E-RJ (FY). That I attended deceased from
(or) WIFE of	22. HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Lec 7-31	I last saw hat alive on way 23 death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at
7 1 dey,hrs	ware as follows:
- 8. Trade, profession, or particular	Date of one et
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	mero correja 17d
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	
SAW MILL, BANK, etc	
this occupation (month and spent in this occupation year)	
All marila	Other Contributory Causes of Importance:
12. BfRTffPLACE (city or town) (State or country)	
13. NAME Quelt	_
14. BIRTHPLACE (city or town)	Name of operation
(State of country)	Name of operation Date of What tast confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME harbette morristy	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
16. BIRTHPLACE (city or town)	Where did injury occur?
17. INFORMANT COMPANY CARRELL	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Cuberland mol	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Police Pale 23, 193	Nature of injury
19. UNDERTAKER & During Staile Mic	24 Was disease as injury to any way of the the same of
The state of the s	24. Was disease or injury In eny way related to occupation of deceased?
(Address) Calleria Maj	If so, specify
The state of the s	

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Example I Example II The principal cause of death and related causes | Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street ear 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE F	FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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A.	STATE OF MARYLAND	CERTIFICATE OF DEATH
state UPA	1. PLACE OF DEATH	RATE I HARRO (163)
DOCC	County Mlighny	Registration Dist. No.
should of	Village or City Constand	No. allegang Antital 4 Ward
0	Length of residence in city, or town where death occurredyrsmos.	death occurred in a hospital or institution, compits NAME instead of street and number) ds. How long in 0. S. if of foreign birth?
CIANS	2. FULL NAME Lomo H. B. Ast	
SIC	(a) Residence: No.	St. Ward Oldtonn Ind
> 02	(Usual place of abode)	If nonresident give city or town and State
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
7	4. COLOR OR RACE 5. SHIGLE, MARRIED, WIDOWED, OP DIVORCED (write the word)	21. DATE OF DEATH 7 /2 , 193 2 (Year)
X A C T I	5a. If married, widowed, ordivorced HUSBAND of	1
A Cassi	(or) WIFE of Lines It agner.	22. I HEREBY CERTIFY, That I attended deceased from
	S DATE OF PIRTH (mostly day and most) Page of P 1867	1 last 3w him alive on July /2 ,1937; death is said
d I	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
stated E properly certificate	7/ 1/ 4 1 day,hrs.	The PRINCIPAL CAUSE Of DEATH and related causes of importance were as follows:
	8. Trade, profession, or particular	Sol Spechina of Date of onset
be of	kind of work done, as SPINNER, Tarrell SAWYER, BDDKKEEPER, etc Tarrell	1 Pm July 12 th alled
should it may n back	Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10- Date deceased last worked at this occupation (month and specific this occupation (month a	n , D Pris
sho t it r on b	O To: Date deceased last worked at this occupation (month and spent in this	1-10 1,111
	this occupation (month and year) occupation	
AGE so that	12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
	(State or country)	* basaus
supplied. AGI n terms, so tha ee instructions	13. NAME Crostopher Barth	
sup in te	13. NAME Crossful Bash	Name of operation
lly olai	(State of Country)	What test confirmed diagnosis I AM A D. EM. Was there an autopsy? N. C.
carefully supplied. H in plain terms, ortant. See instru	15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
	0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide Land Date of injury // 12 19.3 7
thould be call OF DEATH very import	(State or country)	Where did injury occur? (Specify city or town, county and State)
	17. INFORMANT WAS Employed as the (Address)	Specify whether Injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
	18. BURIAL, CREVATION, OR REMOVAL	Manner of injury
(A) -#	Place / Rapur May Date July 14, 19 32	Nature of Injury
mation CAUSE	19 UNDERTAKER 2mio Str 90.	24. Was disease or Injury in any way related to occupation of deceased?
FOF	(Address)	If so, specify
(1)	20 subselv 14 193 2 Cators of Min	(Signed) TEP of /arder of M.D.
	Registrar.	(Address) Cless DErland, 110
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	adlia.	Example II	
The principal cause of death and related cause of importance were as follows:	S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis GAA	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

R	~ADDITIO	NAL SPACE FOR	FURTHER STATEME	NTS PY PHYSIC	IAN
Hai	sulm.	1 collacx	-11PM	· Foreign	Vu Gruscion
hear	home	Seile	& County	Road	Brought 10
MA.		1-1-1	11	1 00	n P/1-
ulug	any pro	escial.	karoup,	02001	1 dept ho
Dayse	ing the I	year Las	lece she	feline	adied / at 7-13
					P

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	CIVI	.	
	TOTA)	

	llegan	WITHIN CORF	ORAFE LIVITS Registration Dist. No.	
Village or Cit	5 berry	berfand m	No. 4 St., 6 - 7	Ware
2. FULL NAM (a) Residence	110	Seorge B	sds How long in U.S. if of foralgn birth? yrs. mos St.,6 - 2 Ward.	d:
		(Usual place of abode)	Il nonresident give city or town and State	
3. SEX	4. COLOR OR RACE	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH	
m	W	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	Auly 24 193	(aer)
5a. If marriad, widowe HUSBAND of (or) WIFE of	1, or divorced		22. I HEREBY CERTIFY, That i attended decease	ad fro
		In 1 , ~ 1860	, 19, to, 19	
7. AGE Yaars		Days If LESS than	I last saw h alive on	n Is sai
44	3	9 1 day,hrs		
_ 8. Trada profess	ion, or particular	1 ormin.	were as follows:	ofonse
kind of wo	rk done, as SPINNER, BOOKKEEPER, etc	Carpenter	Jan algania	
9. Industry or b	isiness in which	1/9:11	France dood in	
	ione, as SILK MILL, BANK, etc.	aw mill	bed at home	
10. Date dacaasac this occupa	tion month end	7. 11. Total time (years) spent in this occupation		
(G year)	men)	1 Occupation	Other Contributory Canses of importance:	
12. BIRTHPLACE (city (State or count	' - 1// 77/1	morrang m	Nealettes	
1	20. 8:1	young.	-	
7	nugh	Of 09.		
14. BIRTHPLACE (armer 149	Name of operation Date of	
15. MAIDEN NAM	many	Tuelpassas	What test confirmed diagnosis? Was there an autopsy	?
I	The A	100	23. If death wes due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?	0
O 16. BIRTHPLACE (State or o		imberland	Where did injury occur?	J
17. INFORMANT	sephin	Bech	(Specify city or town, county and State) Spacify whother injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.	
18. BURIAL, CREMATI	N, OR REMOVAL	min 31	Manner of injury	
Placa S	elymous	Moate July 27, 19	- Natura of injury	
19. UNOERTAKER	John D	Volfold	24. Was disease or injury in any way related to occupation of deceased?	
(Addrass)	Humb	erpand Ind	If so, specify	
20. FILEDELLE	5 19370	arner A Meio	(Signed) Halpey Desin Joean	P.M.
		Registrar.	(Address) turnlesland my	1

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ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
ADDITIONAL	OI AUL	ron	LOWITTER	STUTEMENTS	DI	THEOLOGIAM

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	PORATE LIMITE (3)
County alegany	Registration Dist. No.
Village or City louble land he	death occurred in a hospital or institution, give its NANE instead of street and number)
	. 2 ds. How long in U.S. If of foreign birth?yrsmos
2. FULL NAME Charles & Se	nson
(a) Residence: No. Blocker & Ridgla	y Isuwa Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
J. SEX_ 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	11 2 cg 193
5a. If married, widowed, or divorced	(Month) (Day) (Yea
HUSBAND of (or) WIFE of	1 HEREBY CERTIFY. That I attended deceased
Q It in igar	190 10 10 10 10 10 10 10 10 10 10 10 10 10
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at ## 30 m.
36 10 17 lday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Tinktrimy lest Kentrendo. Striker Dates
kind of work done, as SPINNER, Car Repairer	artire with Remarkog with
SAW MILL, BANK, etc. Railroad Wins	brank
() [3] D Data decaced last worked at 11 Total time (vesce)	xer leave e - Trit,
this occupation (mosth and 5 1931 spent in this 5 1922	
12. BIRTHPLACE (city or town) Davis 2000	Other Contributory Causes of importance with high
(Stata or country)	black presure-
13. NAME John Benson	
2 14. BIRTHPLACE (city or town) Squeeton mills	
(State or country) Priston. Co.	What test confirmed diagnosis? Was there an autopsy?.
15. MAIDEN NAME Josie Cook	23. If death was due to external causes (VIOLENCE) fill In also tha following:
16. BIRTHPLACE (city or fown) Trampsine. Co. (Stata or country)	Accident, sulcide, or homicide?, 19. Where did injury occur?, 19.
Same 2 h.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
17. INFORMANT (Address) 511 8 main st hortolle	
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place / 1524 / Current Glindone July 31, 19	Nature of injury.
19. UNDERTAKER Q Thu'H Wolford	24. Was diseasa or injury in any way related to occupation of deceased? DAD
(Address) Bumber and Ing	If so, spacify An RATHER
20. Fletceles 30, 1532 Marway Vienn	(Signed)
Registrar.	(Address) 122 1 200 from 81

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Example I			Example II	
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Chronic interstitial nephritis		1921	Run over by street ear	1 week ago
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago
		1_	/	
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

193 2

(Yeer)

Date of onset

(Day)

Registrar. (Address) __ Change If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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BINDING

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PECEINE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYS	DDITIUNAL	NAL SPACE FOR	K FURTHER	STATEMENTS	BX	PHYSICIAN
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VENT RECORD PERMA WRITE PLAINL WITH UNFADING INK--THIS IS A

MARGIN RESERVED

No. 1

ract	PLACE OF DEATH	STATE OF MARYLAND
PH.	County allegany WITHIN CORPORATI	E LIMITS (9) CERTIFICATE OF DEATH
Fied,≺	0 10 1 22 12	Registration Dist. No.
SSI	Village or City Cumberland (No. 321 Per	una leve St. 6 - Ward) a hospital or instit
ated EXAC	2 FULL NAME Betty hormad	
ope	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
d he st y be pr ack of	Jemale White Single, MARRIED. Dengle WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH July 21, 1992
choult it ma	6 DATE OF BIRTH Sept, 15 1930	I HEREBY CERTIFY, That I attended the deceased fro
tha tion	(Month) (Day) (Year)	that hast sawh alive on July 21, 192]
led. I	7 AGE	and that death occurred on the date stated above, atr The CAUSE OF DEATH * was as follows
ippi ern e in	& OCCUPATION	(0.10)
in t	V(a) Trade, profession or particular kind of work	
efully in pla tant.	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs mos 14 d
be cal	9 BIRTHPLACE (State or country) Maryland	Contributory Stoncline preumonic Secondary (Duration)
CF CI	10 NAME OF Herman Boggs	(Signed) WR Hodger M. I
AUSE ON IS	OF FATHER (State or country) Maryland	State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal er Homicidal.
ormat te C/ U.>AT	of MOTHER Rosella M. Hull 13 BIRTHPLACE	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
f Info	OF MOTHER (State or Country) Chio	At place of deathyrsmosds. In the Stateyrsmosd
t of	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of dea h?
Iten S S!	(Informant) Herman Jogg	Usual residence
Every CIAN Stater	(Address) Cumberland, Med	Mr Olive mod July 22, 3
B.	15 Filesely 22 19237 Hatvey & Green	John Holder burberland
Z	If more banks are needed, addre. s tate Registrar,	16 W. Saratoga St. Balto., Lequesting V. S. I.o. 1.

STATE OF MARYLAND



(Approved by U. S. Census and American Fublic Health Association.)

Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective cf age. For many occupations a single word or term on the first line will be sufficient, e. g.. Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH. state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation whatever, write None.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,"

unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be st_ted unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary). 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Enhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia, " "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state Means of injuly and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL. or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train aceident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury. as fracture of skull, and consequences (e.g., sepsis, tctanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MOTHER | FATHER

County Aligary WITHIN CORPORATE LIMITS Registration Village or City County land No. 40 Humbrid	Diet No.
	Diet No. 2
The state of the s	St. 6-3 Ward
(If death occurred in a hospital or institution, give its NAM Length of residence in a hospital or institution, give its NAM Length of residence in a hospital or institution, give its NAM Length of residence in a hospital or institution, give its NAM Length of residence in a hospital or institution, give its NAM Length of residence in a hospital or institution, give its NAM	1E instead of street and number)
1" 1 +4 D : ""	yrsmosds.
2. FULL NAMELIZATION	
(a) Residence: No. 40 St., Ward. (Usual place of abode) St., Ward.	16.
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE	E OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, ORD DWORCED (write the word) 5a. If married, widowed, or divorced 21. DATE OF DEATH (Month)	(Day) , 193 2/ (Year)
HUSBAND of	Y, That I attended deceased from
6. DATE OF BIRTH (month, day, and share 25 18 40 last saw her alive on July 1	1982 death is said
7. AGE Years Months Days If LESS than 1 day,hrs. ormin. to have occurred on the date stated above, at	ses of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. Spindustry or business in which work was done as SI K MILL.	Date of one of
SAW MILL, BANK, etc. R/ Home. Change	Sountity 1920
this occupation (month and spent in this occupation	
12. BIRTHPLACE (city or town)	1
(State or country)	ha
13. NAME Alam Spring 14. BIRTHPLACE (city or town) State of operation Name of operation	
14. BIRTHPLACE (city or town) Name of operation	Date of
(State of country) What test confirmed diagnosis?	Was there an autopsy?
15. MAIDEN NAME Attrice 1 23. If death was due to external causes (VIOLENCE) file 16. BIRTHPLACE (city or town).	ill in also the following:
	Date of injury
17. INFORMANT A Brinking. Where did injury occur? (Specify city or Specify whether Injury occurred In INDUSTRY, In HO	t town, county and State) OME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, DR. REMOVAL	
Place 1 As Il Caroner Ind. 13 10 52 Manner or injury	·
19. UNDERTAKER Imposition Stein Size 24. Was disease or injury in any way related to occup.	pation of deceased?
20. Fixed Lift 3 , 193 7 Harrie Registrer. (Address) (Address) (Address)	ya M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11 .- The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

WRITE

ż

	1PLACE OF DEATH			STATE OF	07308 MARYLAND
(County Allegany	WITHIN CORPORAT	TE LIMITS @	CERTIFICATE	
				Registration	Dist. No.
Vill	age or City Cumberland 2FULL NAME	(No. 30 Virginia		St.: 6 - 2Ward	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
	PERSONAL AND STATISTIC	CAL PARTICULARS	MEDI	CAL CERTIFICATE	OF DEATH
3 S		SINGLE, MARRIED, WIDOWED. OR DIVORCEDSINGLE (Write the word)	16 DATE OF DEATH	y 3nd. 1932	, 192
6 D	ATE OF BIRTH July 3rd., 19 (Month)	(Day) (Year)	July 2nd,1932	Y CERTIFY, That I at July Still Ports	ord 1932, 192.
7 AC	yrsm	If LESS than I dayhrs. osds. ormin.?	and that death occurred The CAUSE OF DEA		d above, at unknown m.
) (a) pa) (b) bu	CCUPATION) Trade, profession or NON itticular kind of work	none	***************************************	(Duration)	
-	RTHPLACE (State or country) Maryland	* 1	Contributory Secondary	Unknown (Duction)	
	10 NAME OF FATHER Fred M. Brown	0	(Signed). P. 192		M. D.
ENTS	OF FATHER (State or country) Virginia		*State the I	iscase Causing Death,	
ARE	of Mother Martha L.Au	lt		ESIDENCE (For Hospi	tals, Institutions, Trans-
1	13 BIRTHPLACE OF MOTHER (State or Country) HE ABOVE IS TRUE TO THE BEST	DE MY KNOW! ED GE	At place of death yrs	mosda, In the Stat	teds,
14 11	70-01	and an inter	if not at place of des Former or usual residence	4.1kf	
	(Informant)	VII., 125 W W	19 PLACE OF BURIA	L OR REMOVAL	DATE OF BURIAL
	(Address) United	2 Sharming Sharming	Oakland, Md.		7-3-1932 , 19
15	1112 -06	1. 4/2	20 UNDERTAKER		ADDRESS

If more bianks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Youis Stein.

Inc.

Cumberland, Md.

1923 X Narne

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles: Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrbage." "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," elc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury. as fracture of skull, and consequences (e.g., sepsis, tetanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

state

	CERTIFICATE OF DEATH 07309
1. PLACE OF DEATH WITHIN CORPOR	PATE LIMITO (BI)
County allegany	Registration Dist. No.
Village or City Cumberland	No. 5 Dravesty Gerrace St. 5 Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Sand	ds. now long in U.S. II of foreign birth?yrsmosds.
(a) Residence No. 5 Waverly June	St., 3 Ward.
(Usupplace of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WIDOWED.	MEDICAL CERTIFICATE OF DEATH
Male 2 heta 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5e. If merried, widowed, or divorced HUSBAND of	
(or) WIFE of unlinours	1 HEREBY CERTIFY. Thet I ettended daceesed from 193 to 10 - 193 =
6. DATE OF BIRTH (month, day, and yeer) San 15 1862	Vast sew him elive on July 7 1932 death is seid
7. AGE Yeers Months Deys If LESS than	to heve occurred on the data stated above, at
70 5 25 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importance
9 Trade profession or portionles	were as follows: Date of onest
kind of work done, as SPINNER, Machinest / Retired	Chranic Suphritio -
Solver, professing, or perturber of the control of	aortre - marul Ryunghalin
work was dona, es SILK MILL, SAW MILL, BANK, etc	
10. Date decaasad last workad at this occupation (month end year)	
91, 10/1	Other Contributory Causes of Importence:
12. BIRTHPLACE (city or town) State Wary stark (Steta or country)	
13. NAME 14. BIRTHPLACE (city or town) 14. Grand (City or town)	
[Stete or country]	Neme of operation Data of Whet test confirmed diagnosis Typus (Likewas there en eutopsy? MO
15. MAIDEN NAME Catherine Handmin	
15. MAIDEN NAME Cathernie Hardmyan 16. BIRTHPLACE (city or town)	23. If deeth wes dua to externel causes (VIDLENCE) fill in elso tha following: Accident, suicide, or homicide?
(Stete or country)	Where did injury occur?
17. INFORMANT 6 hagle 7 Burke (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Menner of injury
Place At Viter Bauls Date July 13, 1932	Neture of injury
19. UNDERTAKER Louis Stein Ing.	24. Wes disease or injury in any way related to occupation of decessed?
(Auditoss) planted may the	If so, specify
20. FILEDELLY 193 Albulis V Please Registrar.	(Signed) M. D. (Address) / 7 7 BM And S

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis Add 18	3 days ago
		// 686/ 9 5AV //	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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No.	
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STATE OF MARYLAND	CERTIFICATE OF DEATH 073
1. PLACE OF DEATH	2).
County allegacy WITHIN CORPO	DRATE LIMITS Begistration Dist No.
	the debet of Landan March
Village or City Lewelles and	death occurred in a hospital or institution, give its NAME instead of greet and number)
	ds. How long in U.S. if of foralgn birth?dsds.
2. FULL NAME Jacoby Bush	
(a) Residence: No. 19 dang Cur	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. \$EX	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OP DIVORCED (write the word) Scharate of	21. DATE OF DEATH (Month) (Day) (Year)
5a. If merried, widowad, or divorced HUSBAND of	
(or) WIFE of Wellen - June	22. HEREBY CERTIFY, That I attanded deceased from
	June 1928 to July 1. 1932
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months Days If LESS than	last saw hamelive on 1932; death is said
1 day hre	to have occurred on the determated above, et
58 ormin.	wera as poliows:
8. Treda, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Chebrol rues several yes
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 11. Total time (years)	
9. Industry or business in which work was done, as SILK MILL, 13 9 0. 13.17	
SAW MILL, BANK, atc	
this occupation (month and spent in this occupation occupation	
Occupation .	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town). Hachunghoup	Of rethiles 245
(Stata or country)	myocadules 241s
13. NAME 14. BIRTHPLACE (city or town)	
4 14. BIRTHPLARE (city or town)	Name of operation Date of
(State or country)	What tast confirmed diagnosis Clement Wes there an autopsy? hu
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external ceuses (VIDLENCE) fill in also the following:
6 16. BIRTHPLACE (city or town)	Accident, suicide, or homicida? Date of injury, 19
S (State or country) Maryland	Where did injury occur?
17. INFORMANT Aurasal Buch	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)	The second of th
18. BURIAL, CREMATION, OR BENOVAL	Manner of injury
Place Place Coll Date Plu 13 , 19.32	Nature of injury
Land Allendatera	
19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
The state of the	If so, specify
20. FILED LLE JA., 19.27 Malley VI Male Registrar.	(Signad) M. D. (Address) Charles and M. D.
	1411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1	il i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis dell 9 500	3 days ago
		MECEIVED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	ADDITIONA	L SI ACE FOR FURTHE	ER STATEMENTS BY	FRISICIAN
Leaves and a second				

N. B.--Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, VITH UNFADING INK--THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDIN

V. S. No. 1

	PLACE OF DEATH County Ollegany	STATE OF I	
		Registration I	Dist. No. 12
Vil	lage or City Willaud (No	St.: Ward)	(If death occurred in a hospital or institu- tion, give its NAME in stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE O	OF DEATH
3 5	SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH July /5	(Day) (Year)
6 (CATE OF BIRTH (Mongh) (Day) (Year)	17 I HEREBY CERTIFY, That I att	
8 () P	If LESS than I day hrs. or min.? OCCUPATION a) Trade, profession or articular kind of work b) General nature of industry	and that death occurred on the date stated The CAUSE OF DEATH * was as follows:	above, at J. G. a
-	usiness, or establishment in which employed or (employer)	Contributory Secondary	
ENTS	10 NAME OF FATHER Owen Cauly 11 BIRTHPLACE OF FATHER (State or country) Maryland	*State the Disease Causing Death, Violent Causes, state (1) Means of In Accidental, Suicidal or Homicidal.	or, in deaths from jury and (2) Whether
PAR	13 BIRTHPLACE OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospit ients or Recent Residents) At place In the of death yrs	als, Institutions, Trans
14	(Informant) One Gues	Where was disease contracted, if not at place of death?	· · · · · · · · · · · · · · · · · · ·
	(Address) misland. ml	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
15	Filed July 15 1982 Ry Stukenne Registrar	20 UNDERTAKER	ADDRESS
	If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S	. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease: Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary). 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway trainaccident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury. as fracture of skull, and consequences (e.g., sepsis, tetanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PLACE OF DEATH	PPORATE LIMITS	ANTHUM COL	STATE OF M	IARYLAND
County Allegan	OTIMIT TEAGOGG	(165)	CERTIFICATE	OF DEATH
8 7		183	Registration D	ist. No.
Village or City Carallellasse (N	o. Alleg	any Hoy	Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and
2FULL NAME James	David (Manly	***************************************	number.)
PERSONAL AND STATISTICAL PA	RTICULARS	MEDIC	AL CERTIFICATE O	F DEATH
VID II IO I I OR DI	ED, Married WED, Married VORCED the word)	16 DATE OF DEATH	alef H	, 1923 V _(Day) (Year)
6 DATE OF BIRTH		17 I HEREBY		nded the deceased from
Surly H - M. (Month)	nuday, 1932 Day) (Year)			, 192
7 AGE	[If LESS than		red on the date stated a	
V	I day hrs.	The CAUSE OF DEAT		Tooye, at
yrsmos	ds. or min.?	aute ?	uplulu.	(U. while doing
8 OCCUPATION (a) Trade, profession or		some farm work	& may 5th, 1932,	he accidentally cut
particular kind of work	مسمر	the top of his for	to this Beame	Poeted The infection
(b) General nature of industry business, or establishment in			prompt ly causing	osteomyelitie of.
which employed or (employer)		.00	1 0	
9 BIRTHPLACE (State or country)	Ala	Secondary	A. A(Duration)	A. V. M. A.
10 NAME OF FATHER	Chane	(Signed)	WWW.	M. D.
M 11 BIRTHPLACE	1		(Address)	you s
OF FATHER (State or country) 12 MAIDEN NAME	· Van	*State the D Violent Causes, st Accidental, Suicidal	iscase Causing Death, ate (1) Means of Inju or Homicidal.	or in deaths from
of MOTHER WILL) tomes			ds, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	De	At place of death yrs	o In the	
(State or Country)	eriva	Where was disease cont if not at place of dea	racted, w	
\ _ ^	KNOWLEDGE	Former or usual residence	mskill-	2121
(Informant) Was	1 col - L	19-PLACE OF BURIA	L OR REMOVAL	DATE OF BURIAL
(Address) /15 Bealfor	MAN COL	Springer	falal Wood	uly 6, 1932
Filedelef 5 1923 X Make	Registrar	20 WOERTAKER	suthering "	PDRESS of of
If more blanks are needed, a	ddress State Registrar	, 16 W. Saratoga St.,	Balto., Requesting V. S.	No. 1.

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPA.

	1. PLACE OF DEATH County Allegany	Registration Dist. No.
	Village or City Constelland	ND. Allegary Ward death occurred in a hospital mustitution, give its NAME indeed of street and number)
	Length of residence in city or town where death occurredyrsmos.	ds. How long of U.S. if of foreign birth?yrsmosds.
	2. FULL NAME Stillbass Clair	
	(a) Residence: No. 236 M. Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE S. SINGLE MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH July 4 (Month) (Day) (Yoar)
	5a. If merried, widowed, or divorced HUSBAND of	22, al HEREBY CERTIFY, That I attended deceased from
	(or) WIFE of Arrel.	July V, 1932, 10 July V, 1932
e e	6. DATE OF BIRTH (month, day, end year) June 4, 1932	Past saw her alive on July 4 , 1932; death is said
certificate	7. AGE Years Months Days of LESS than	to have occurred on the date stated above, at
rtif	1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were estiplious:
of ce	8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BODKKEPER, etc.	Intra Merini asphyzia
back	a. Industry or business in which work was done, as SILK MILL,	
	SAW MILL, BANK, atc	
ou s	this occupation (month and spant in this year)	
ions		Other Contributory Causes of Importance:
uct	12. BIRTHPLACE (city or town) (State or country)	
instructions	II 13. NAME Than M. Clan	
	14. BIRTHPLACE (city or town)	Name of operation Date of
See	(State or country)	What test confirmed diagnosis? Was there an autopsy?
nt.	15. MAIDEN NAME Elina Pattin	23. If death was due to external causes (VIOLENCE) fill in elso the following:
important	15. MAIOEN NAME CONTROL PARTIES OF COUNTRY O	Accident, suicide, or homicide?
od u	∑ (State or country)	Where did injury occur?(Specify city or town, county and State)
very in	17. INFORMANT Jany It. Clary (Address) 2.39 9. Suchem Sh.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Si N	Piacol summer amoute frag 9 , 1952	Nature of injury
TION	19. UNDERTAKER Imio Stein The	24. Was disease or injury in any way related to occupation of deceased?
1	(Address) hmfyland	If so, specify
	20. Fleschef 4 193 & Maluer & Meis	(Signed) Mught Teynolds M.D.
	Registrar.	(Address) 122 Clouble St.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I			Example II		
The principal cause of death and rela of importance were as follows:	ted causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1=====	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	REC	1921	Run over by street car	1 week ago	
Cerebral hemorrhage		July 5, 1927	Perilonitis	3 days ago	
	49	i 18 18 4			
Other contributory causes of importan	nce:	PA 34	Other contributory causes of importance:		
Gallstones		May 1,1923	Gastr oc nteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND-CERTIFICATE OF DEATH

61	7	2		
U	4	6)	8	2

1. PLACE OF DEATH	0(0)
County ALLEGANY WITHIN CORPOR	RATE I IMITS 93-2 Registration Dist. No.
3	No. MEMORIAL HOSPITAL St., 6 - 7 Ward If death occurred in a horpital or institution, give its NAME instead of street and number) s. // ds. How long In U.S. if of foreign birth?
Length of residence in city or town where death occurredyrs,mo:	s. // .ds. now long in 0.5. If of foreign diffin?yrsmosus.
2. FULL NAME ELLA CLITES	
(a) Residence: No. ALLEGANY COUNTY HOME (Usual place of abode)	St., Ward. If nonresident give city or town and State.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (quite the word) SINGLE	21. DATE OF DEATH July 30 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. HEREBY CERTIFY, Thet I ettended deceased from
6. DATE OF BIRTH (month, day, and year) OCTOBER 17 WW	7. 70
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 7:40P.m.
69 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importanco were as follows: Date of onset
8. Trade, profession, or particular kind of work done, es SPINNER.	1
kind of work done, es SPINNER, LLLABLE SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Oet decesed lest worked at this occupation (month and spent in this securation (month and spent in this securation (month and spent in this securation).	Margar A
work was done, es SILK MILL, SAW MILL, BANK, etc.	10 prairie moramus
To Oete decessed lest worked at this occupation (month and yeer)	
12. BIRTHPLACE (city or town) MARY LAND (State or country)	Other Contributory Causes of Importance:
™ 13. NAME DAVID CLITES	
13. NAME DAVID CLITES 14. BIRTHPLACE (city or town) PENNSYLVANIA (State or country)	Name of operation. A Duce Dete of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME MARY ANN RICE 16. BIRTHPLACE (city or town) MARYLAND (State or country)	23. If death was due to external causes (VIOLENCE) fill in elso the following:
66. BIRTHPLACE (city or town) MARYLAND	Accident, sulcide, or homicide? Date of injury, f9
(Stete or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MEMORIAL HOSPITAL (Address) CUMBERLAND, MD.	Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18 BURIAL CREMATION OR REMOVAL	Manner of injury
Place Rose Hill Oate Aug. 2.19,792	Nature of Injury
19 UNDERTAKER John.C.Wolford	24. Was disease or Injury In eny way related to occupation of Deceased?
(Address) Cumberland. Ind	If so, specify
20 Fillolica, 3, 1937 Planny Maria	(Signed) / they the belliques
Registrar.	(Address)

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Example I		Example II	
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Chronic interstitiol nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:	J.	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 yeor

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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No.	
ν. Σ	1
	1

HYSI- Exact	PLACE OF DEATH	STATE OF MARYLAND
Δ.	County Conform	CERTIFICATE OF DEATH
LY, ifflec		Registration Dist. No.
stated EXACTLY, I properly classified of certificate.	2FULL NAME Sarah A, Dan	Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
stated proper of certi	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
00	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. Temple MARRIED, Widow OR DIVORCED. OR DIVORCED.	16 DATE OF DEATH July 8, 1937
should It may s on bac	6 DATE OF BIRTH May 10 . 57	I HEREBY CERTIFY, That I attended the deceased from
CE hat	(Monya) (Day) (Year)	that I last saw ham alive on July 5, 1997,
supplied. ACE should be n terms so that It may be See instructions on back	7 AGE 6 2 / mos. 2 8 ds. ormin.?	and that death occurred on the date stated above, at 4'50 fm. The CAUSE OF DEATH * was as follows: Cuebral Summinge
ly suppain ter	(a) Trade, profession or House duty (b) General nature of industry	
reful In pi	businesa, or establishment in which employed or (employer) Chu / touse	(Duration) yrs. mos. / ds.
be carefully sEATH in plair	9 BIRTHPLACE (State or country) Philauliphia Pa	Contributory Secondary (Duration) Syrs mos ds.
F L	FATHER M. H. Hazzould	(Signed) Jos. A. Corbee f. M. D.
w m	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME)	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
f Information d state CAUS	12 MAIDEN NAME OF MOTHER WILL WILLIAM 13 BIRTHPLACE 13 BIRTHPLACE 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
f Inform d state	OF MOTHER (State or Country) Philadelpha Par	At place of deathyrsmosds. In the Stateyrsmosds.
o II o	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
s sho	(Informani) / Mr. Vaul Williams	usual residence
Every tem CIANS sho statement	(Address) Combila d my	Trose this Com Duly 10 1032
 	Piled 1 19232 Harwy Registrar	J.S. Butter Comulary
7	If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Baito., Requesting V. S. No. I.

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

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unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer' is less definite; avoid use of "Tumor" for malignant neoplasms): Measles: Whooping cough; Chronic valvular heart disease: Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary). 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions." "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis." etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e.g., sepsis, tetanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDING

FOR

RESERVED

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Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related cause of importance were as follows:			
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	- 1921 .	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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of inforplnods PHYSICIAN RECORD. PERMANENT CTL stated EXA properly THIS. pe may AGE should that supplied. plain should be carefully in WRITE PLAINLY, DEATH OF CAUSE mation

STATE OF MARYLAND—CERTIFICATE OF DEATH state OCCUPA. 1. PLACE OF DEATH County. Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of rasidance in city or town where death occurred How Long lo U.S. if of foreign birth?_. (a) Residence: No. Ward. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (writestha mans (Month) (Oay) 5a. If married, widowed, or divorced HUSBAND OF CERTIFY, That I attended deceased from (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and yaar) 7. AGE Months Days If LESS than to have occurred on the date stated above, at .. min. were as follows: Oate of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. ... back 9. Industry or business in which work was dona, as SILK MILL SAW MILL, BANK, atc on 10 Data dacaasad last worked at II. Total time (years) this occupation (month and spent in this occupation ___ instructions Other Contributory Canses of importance 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (Stata or country) What tast confirmed diagnosis?_____ Was there an autopsy?____ very important. MOTHER 15. MAIOEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town (State er country Where did injury occur?_ (Specify city or town, county and State)
Spacify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION OR Manner of Injury FION is Nature of Injury 24. Was disaase or injury In 19. UNDERTAKER (Addrass) Il so, spacify 20, FILEO. Registrar. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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The principal cause of death and related causes of importance were as follows: Arterioselerosis Chronie interstitial nephritis Cerebral hemorrhage Date of onset of importance of im	2 seem ago
Chronic interstitial nephritis 1921 Run over by stree	of each
	et ear 1 week ago
Cerebral hemorrhage July 5,1927 Peritonitis	
	3 days ago
	2001 9 5195
	tory causes of importance
May 1,1923 Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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PHYSICIANS should state

stated EXACTLY.

AGE should be

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

of OCCUPA-

Exact statement

V. S. No. 1

N. B.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEAT			WITHIN COR	RPORATE LIMITS 59 Lanich
County Alleg				Registration Dist. No.
Village or City C	umberla	nd. Md		No. 487/Central.Ave. St. 5 Ward
1				death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in ci				ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME		ie.F. E		
(a) Residence: No	Cumbe		Md	St., Ward.
		(Usual piace		If nonresident give city or town and State
PERSONAL AN				MEDICAL CERTIFICATE OF DEATH
	n or RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH July 31, 1932 (Month) (Day) (Year)
5a. If married, widowed, or divo HUSBAND of (or) WIFE of	n.W.Ear	son		22. 1 HEREBY CERTIFY. That I attended deceased from
5. DATE OF BIRTH (month, day	y, and year) Ma	r 24.18	78	I last saw he alive on sulg 31 1, 19 72; death is said
7. AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, atm.
54	4	5	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
8. Trade, profession, or pa kind of work done, SAWYER, BOOKKEE	articular as SPINNER, PER, etc			Sabetes mellitus 928
9. Industry or business in work wes done, as S SAW MILL, BANK, e	which II	ouse Wi	fe	
10. Date deceased lest work this occupation (more year)	rked at nth and	spe	ime (years) nt in this upetion	
12. BIRTHPLACE (city or town) (State or country)		Wya		Other Contributory Causes of Improvement hephilis 1931
13. NAME HOWS	rd. Dowd.	en		
14. BIRTHPLACE (city or to (State or country)	wn)	''Va		Name of operation Date of Whet test confirmed diagnosis Confirmed Was there an autopsy
15. MAIDEN NAME	mma. Ri	ce		23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or to (State or country)	wn)	WV3		Accident, suicide, or homicide? Date of injury, 19
I7. INFORMANT	ohn.4.E		đ	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR R	~			Manner of Injury
Place Alaska	evW.e.	DateAUG	3.19132	Nature of Injury
o. OHDENIANEN	John.C.W			24. Was disease or injury in eny way related to occupation of deceased?
20. FILEOling 3 , 1	34/0	arrey	Morsia	If so, specify (Signed) M. D.
			Registrar.	(Address) Clamberland

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Arterioselerosis	1915	Attock of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
ZURRAT				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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MARGIN RESERVED FOR BINDING

V. S. No. 1

	1. PLACE OF		OF MARYLAND-	-CERTIFICATE OF DEATH
	County	allegh	MITHIN CORPO	DRATE LIMITS Registration Dist. No. 4
	Village or C	its Cambel	and	ND. Mbar Putted St., 3 Wa
	Length of resi	donco in city or town where	e death occurred 6 yrs 0 m	os. 21_ds. How long in U.S. if of foreign birth?yrsmos
	2. FULL NA	me/levec	ca Jazenh	aper
	(a) Residen	ce: No. 5 /0 %	(Usual place of abode)	Ward. If nonresident give city or town and State
	PERSON	AL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	7. SEX Female	White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (rarrice the word)	21. DATE OF DEATH 16 193 2 (Year)
	5a. If married, widow	od or divorced	Za. / /	
	(or) WIFE of	Dulcher	Sozinhaku	22. HEREBY CERTIFY, That I attended doceased
te.	6. DATE OF BIRTH (month, day, end year)	14024 182	I last saw h l alive on 7 5 7 193 2 doath is
fica	7. AGE Yea	rs Months	Days If LESS than	to have occurred on the date stated above, at
certificate	5	8 10	1 day,hrs	The PRINCIPAL CAUSE OF DEATH and roleted causes of importence were as follows: Date of or
o jo	8. Trade, profes	sion, or particular rork done, as SPINNER, BDDKKEEPER, etc	74 dut	(latonia
back		business in which done, es SILK MILL,	10. +4.	
	SAW MIL	L, BANK, etc	11. Total time (years)	Solarona
_	O this occur year)	pation (month end	spent in this occupation	
TOTA	12. BIRTHPLACE (cit	ty or town) 134	ston	Othor Contributory Causes of importance:
ı nc	(State er cour		ma	
instructions	13. NAME 14. BIRTHPLACE	acol n	neen	/
See	14. BIRTHPLACE		arton	Name of oporation Date of Date of
-	(State of	DI.	D	What tost confirmed diagnosis? They there an autopsy the
Important	15. MAIDEN NAI	METINEWHAN	my James	23. If death was due to external causes (VIOLENCE) fill in also the following:
OL C	16. BIRTHPLACE		arton	Accidont, suicide, or homicide? Dato of injury
	(State or	Dear 11	Back	Whore did injury occur? (Specify city or town, county and State)
, kiry	17. INFORMANT (Addross)	na mos	OSX P	Specify whother injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
	18. BURIAL, CREMAT		an any	Manner of injury
9	Place. 73.	asson Mid	Date July 12, 193.	
-	19. UNDERTAKER	5. 5. 1	Butter	24. Was disease or injury of any way related to occupation of deceasod?
-	(Addross)	mber	land mid	If so, specify
	20, FILEVILLE	12/1032()	Laray IV Dun	(Signed) / White State of
			Registrar.	

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Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 2 E			
Other contributory causes of importance:	47 87	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STA	CATEMENTS	BY	PHYSICIAN
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stated EXACTLY. PHYSICIANS should state

IS A PERMANENT RECORD. Every item of infor-

Exact statement of OCCUPA.

properly classified.

AGE should be

certificate.

See instructions on back of

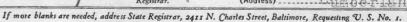
CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1.	PLACE OF	DEATH					(P)	· ·	1000
	County		egany	WITH	IN CORPORA	TE LIMITS	Registration	Dick No.	4
	Village or Ci	ty	Cumbe	rland	(If	No. Wender	tal or institution, give its NAM	6. St.6	− √ Ward
	Length of resid	ence in city o	r town where	death occurred	yrsmos	ds. How long i	in U.S. If of foraign birth?	yrs	mosds.
2.	FULL NAM	ME S	211	less m)	Hazenk	skeel	urn		
	(a) Residence	e: No		(Usual ptace	of abode)	St., Ware		give city or town an	nd State
	PERSON	AL AND	STATIST	ICAL PARTI	CULARS	MEDI	CAL CERTIFICATE	OF DEATH	
3. SE	х	4. COLOR O	***	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, O (write the word)	21. DATE OF D	EATH 7/12/3 (Month)	(Day)	, 193(Year)
	married, widowe HUSBAND of (or) WIFE of	ed, or divorced	XXXX				REBY CERTIF		
6 DA	TE OF BIRTH (month day an	nd vear)	7/9/32.			live on		
7. AG		s	Months	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the	e date stated above, at E OF DEATH and related cause	m.	
OCCUPATION	SAWYER, Industry or be work was SAW MILI D. Date decease	ork dona, as S BOOKKEEPER ousiness in wh dona, as SILP L, BANK, etc	SPtNNER, R, etc nich (MILL,	11. Totel ti	me (years) it in this	twiste	d cord. ab	s- Twish	Date of onset
12. B	year) IRTHPLACE (city (State or coun	or town)/	Va	Occ	pation	Other Coutributory Cau			
2	13. NAME JE	s. Ym	1. E 8.71	enbaker					
E	4. BIRTHPLACE (State or	(city or town)	Blo	omingtor	ı Md.	Name of operation	agnosis?	Date of_	
ER I	15. MAIDEN NAM	ME Irm	a Mar	ie Morge	n	23. If death was due to e	external causes (VIOLENCE) fil	I In atso the follow	ng:
MOTHER	16. BIRTHPLACE (State or		Som	erset I	enna.	Accident, suicide, or ho Where did injury occur	omicide?	Date of injury	
17. 11	(Address)	Len	bul	of to	spitol .	Specify whether injury	occurred in INDUSTRY, In HO		
18. B	Place Place	ON, OR REM	OVAL	Late fu	2y12,1932				
19. U	NDERTAKER ./ (Address)	Hen	Bug	- Patry	with	24. Was disease or injur	ry in any way related to occupa	ation of deceased?.	
20. F	LED ply	12, 19	21/da	mey !	Registrar.	(Signed) (Address)	How	and M.	M. D



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Examp	le I		Example II	
The principal cause of death an of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Data of onset
Arteriosclerosis	RECEN	/ 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	AUG 8 1	July 5, 1927	Peritonitis	3 days ago
	BUREAU	TY Q /		
Other contributory causes of in	nportance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				-

BINDING

FOR

ARGIN RESERVED

V. S. No.

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Example I		Example II	-
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis RECENT	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
AUG 6 ISS			
Other contributory causes of importance:	. 5-0 .	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH County Cullagany Cunty Village or City Culladan 15. 3	Registration Dist. No. Registration Dist. No. St., War If death occurred in a borpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (zwrite the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, The I attended deceased fro
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Oays If LESS than	I last saw h alive on 19 19 19 deeth is sa to have occurred on the date stated above, et 115 4 g-m.
8 Trade profession or particular	were as follows: Oate of onse
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and spent in this	
12. BIRTHPLACE (city or town) (State or country)	Other Cantributary Canses of Importance:
13. NAME Esten , Fully 14. BIRTHPLACE (city or town) Worsefield,	Name of operation. Date of
(Stete or country) W. Va.	What test confirmed diegnosis? Was there en autopsy?
15. MAIOEN NAME Wave Worngold 16. BIRTHPLACE (city or town) Wornfield (State or country) W. Va. 17. INFORMANT (Address)	23. If death was due to external ceuses (VIOLENCE) fill In elso the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Massifield, a Capate July 25, 193	Menner of injury
19. UNOERTAKER (Address)	24. Was disease or injury in any wey related to occupation of deceased?
20. FILED 7/27, 1932 M. C. Canadas Registrar.	(Signed) M. (Address) 13 3 Salfad M. M. (Address) 13 Salfad M. (Address) 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

The principal cause of death and related causes of importance were as follows: Arteriosclerosis Chronic interstitial nephritis Cerebral hemorrhage Date of onset of importance of im		1 week ago
Chronic interstitial nephritis 1921 Run over by s		110
	strect ear	
Cerebral hemorrhage July 5,1927 Peritonitis		1 week ago
	2 W TY A G G TY AL	3 days ago
	751 7 9AV	
	ibutory causes of importance:	1.1
Gallstones May 1,1923 Gastroenteriti	is	1 year

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V. S. No. 1

	NLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	LATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	-
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STATE OF MARYLAND—	-CERTIFICATE OF DEATH
County Illea ann	Registration Dist. No.
Village or City Sanaconing Wh	A No. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of town where death occurred 23	
2. FULL NAME / respand Jan	elita
(a) Residence: No. Detrustd	St/ Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (gartie the word)	21. DATE OF DEATH (Month) (Day) (Year)
a. If married, widowed, or divorced HUSBAND-of	22. A HEREBY CERTIFY, That I attended deceased from
(or) WHEE OF Church Clarkity	October 10 1929 to July 1 1 19 32
DATE OF BIRTH (month, day, and year)	I last saw h sur alive on Suld 1 at 19.32; death is said
AGE Years Months Days If LESS than	to have occurred on the date stated Move, at. J. I.A.m.
56 17 1 day,hrs	THE KINCLAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, Retired Maine	arterio sclerosis may 1.1
9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and det 1995 spent in this occupation occupation)	
Maruland	Other Contributory Causes of importance:
2. BIRTHPLACE (city or town) (State or country)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Isaleh Deipake	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Literatic Ocla	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur?
(Address) Land Chauf	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
B. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place I LI Williams Unpate Fruitgatt, 19	Nature of injury
O UNDERTAKER (Address) Oschibarak	24. Was disease or injury in any way related to occupation of deceased?
0. FILED July 12 100 S. Don Tylu My Registrar.	(Signed) M. M. Darrugt M. D. (Address) midland-ma.
If more blanks are needed, address State Registra	r, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related caus of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	-		
		US/NSO	3.0
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
6			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	ONAL SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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		OF MARYLAND	-CERTIFICATE OF DEATH	324
1. PLACE O	F DEATH	Relia English	(lte))
County	stegany	·	Registration Dist. No.	
Village or (ity Artema	a Moad Ments	St., (If death occurred in a hospital or institution, give its NAME instead of street and	War
Length of res	idence In city or town where	death occurredyrs	nosds. How long in U.S. if of foreign birth?yrs	
2. FULL NA	ME Poll	y Arabes		
(a) Resider	ice: No. Artes	mas Road XI	intestone hand	
` '		(Usual prace of alvode)	If nonresident give city or town at	nd State
		ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR OR RACE	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	2
7	W	married	(Day)	(Year)
5a. If married, widov HUSBAND of (or) WIFE of	Vife of Els	bana Stapes	22. I HEREBY CERTIFY, That I attende	
6. DATE OF BIRTH	(month, day, and year)	Jua 3/1879	I last saw h alive on, f9	
7. AGE Yes		Oays If LESS than		
52	10	/8 f day,h	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	I a c
8. Trade, profe	ssion, or particular work done, as SPINNER,	11	Jose of alvod due	Date of onse
SAWYER	, BOOKKEEPER, etc.	moeurge	to horning the of act.	
O to work wa	business in which s done, as SILK MILL, LL, BANK, etc			
O 10. Date deceas	ed last worked at	11. Total time (years)	Duceda	
year)	pation (month and	spent In this occupation		
12. BIRTHPLACE (ci	ty or town) W	ard	Other Contributory Causes of Importance:	
(State or cou				
f3. NAME	Hyder	Smith		
f4. BIRTHPLACI	(city or town)		Name of operationOate of	
(State of	country) 26	va	What test confirmed diagnosis? Was there ar	autopsy? 77
f5. MAIDEN NA	ME Maggi	w Bucklew	23. If death was due to external causes (VIOLENCE) fill in also the following	ng:
f6. BIRTHPLACI	(city or town)		Accident, suicide, or homioide? Mac Sula Date of injury	7/8,1927
₹ (State o	country)	Nya	Where did Injury occur? Harhum, allegamy to	my
f7. INFORMANT	Elkana.	Grapes	(Specify city or town, county and St Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC F	ate) LACE.
(Address)	artema	e Na	The house	
f8. BURIAL, CREMAT	Hope Pa	Date July 21 , 19	Manner of injury Throat last	The p
19. UNOERTAKER (Address)	John St	Strandy Dan	24. Was disease or Injury In any way related to occupation of deceased?	no
14.1	19 .32	13	(Signed) Kot. Bikow	7 M
20. FILEO	1-1, f90	Registrar.	(Address) Successfund Vand	
	76	Harland H. C. B.	N. O. I. C. P. I. P. T. C. N.	

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Example	I		Example II	
The principal cause of death and of importance were as follows:	related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1 9	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	Parcon	1921	Run over by street car	1 week ago
Cerebral hemorrhage	OMBE	July 5,1927	Peritonitis	3 days ago
	Do.	D. St. was	ignos.	
Other contributory causes of imp	ortance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH	325
1. PLACE OF DEATH	DATE LINATE (46)	/
County allegany WITHIN CORPO	Registration Dist. No.	4
Village or City formberland	No. 325 City View Drive St.	○ Ward
Length of residence in city or town where deeth occurred	death occurred in a hospital or institution, give its NAME instead of street and n	
2. FULL NAME Roters I. Harton		
(a) Residence: No. 3 2 5 Lits View Turn	est. 5 Ward.	
(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 1/2	102 9
5a. If married, widowed, or divorced	(Day)	(Yeer)
HUSBAND of (or) WIFE of Sarah Dawson.	22. HEREBY CERTIFY, Thetal etlended of	eceased from
6. DATE OF BIRTH (month, day, end year) Aug 15. 1867	Mant saw h im elive on June 27 1932	death is said
7. AGE Years Months Days If LESS then	to heve occurred on the detectived above, et 6:15 Pm.	
624 100 22 ormin.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were es follows:	Date of onset
8. Trede, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Carcinomatores: foremany in	1-10-39
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9, Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decesed lest worked at this occupation (month and	1	1.19.02
SAW MILL, BANK, etc	though with modules (sugmented) under	
this occupetion (month and year) occupetion occupetion	the pains to troppy, Cury 07.	
12. BIRTHPLACE (city or town) Start Ofa-	Other Coutributory Causes of importence:	
13. NAME Seter a, Hartman 14. BIRTHPLACE (city or town) (State or country)	Neme of operation None Dete of	
(State of Country)	Whet test confirmed diegnosis? Wes there en es	topsy?
15. MAIDEN NAME Mary Mans. 16. BIRTHPLACE (city or town) 799	23. If death wes due to external causes (VIOL ENCE) fill in elso the following:	
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Dete of injury Where did injury occur?	, 19
17. INFORMANT Mis, farsh Hartmand (Address)	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	OE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury	
Place Tose Ital Date July 10, 1932	Neture of injury	
19. UNDERTAKER LOCKING STORM S	24. Was disease or injury In any way releted to occupetion of deceased?	0
20 FILED La 9 19 2 Harrier Men	(Signed) Cumb orland P	rd M.D.
Registrar.	" (nuuless)	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example II

The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE FOR	FURTHER STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH

(Addiess)	Regist R
(bengle)	20, FILED MAY 5 , 1932 Curve a Sharkolf
It so, specify () Sey Kenthorne of	(Addiess)
24. Was disease or injury in any way related to decupation of deceased?	19. UNDERTAKER
Nature of injury	Place Comment of the Control of the
Manner of injury	The state of the s
	18. BURIAL, CREWATION OR REMOVAL
(Sonored (a)	(AzarbbA)
Where did injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE, Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE,	17. INFORMAT LANGUAGE
	≥ (State or counity)
Accident, suicide, or homicide?	I.G. BIRTHPLACE (city or town).
23. If death was due to external causes (VIOL ENCE) fill in also the following:	IS. MAIDEN NAME THEORY AND
What test confirmed diagnosis?	((1)11002 10 2100)
Name of operation.	
	12
- Amman Andrews	IB. 13. NAME Eclusor of Market
Myleans School	(State or country)
	12. BIRTHPLACE (city or town)
Dither Contributory Canses of importance:	
	year) Acat Montage See S Die Groupstion (montage)
	or this occupation (months) and the state of the state occupation (months) and the state occupation (months) are state occupation (months) and the state occupation (months) are state occupation (months) and the state occupation (months) are state occupation (months) and the state occupation (months) are state occupation (months) and the state occupation (months) are state occupation (months) and the state occupation (months) are state occupation (months) and the state occupation (months) are state occupation (months) and the state occupation (months) are state occupation (months) and the state occupation (months) are state occupation (months) and the state occupation (months) are state occupation (months) are state occupation (months) and the state occupation (months) are state occupation (months) and the state
	SAW MILL, BANK, etc.
62 diluminita	Modustry or business in which
	E SAWYER, BOOKKEPER, etc.
July July J	Notes to the street of the str
were as follows:	, nim 10 1 0 1 1 1 1 1 1 1
The PRINCIPAL CAUSE OF DEATH and related causes of importance	rsiųus.
to have occurred on the date stated above, at flaom.	7. ACE Years Months Days If LESS than
I last saw h alive on a frank of the said	6. DATE OF BIRTH (month, day, and year)
61 ,	
The state of the s	10.7111/10)
22. I HEREBY CERTIFY, That I attended deceased from	10 GNABZUH 10 JIN (10)
(Month) (Day) (Year)	5a. If married, widowed, or divorced
\$ 163	m m
ZI. DATE OF DEATH	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,
MEDICAL CERTIFICATE OF DEATH	PERSONAL AND STATISTICAL PARTICULARS
If nonresident give city or town and State	(Usual place of abode)
Ward.	(a) Residence: No.
	710
	2. FULL NAME
ds. How long in U.S. if of foreign birth?yrsyrs.	Length of residence in city or town where death occurredyrs,mos.
death occurred in a hospital or institution, give its NAME instead of street and number)	240
No	Village of City Catherina Inch
Registration Dist. Np. 1	THIO WAN
Att toid anitostoined	County Chillegan
(0-28)	1. PLACE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

N. B.—WRITE PLAINLY, WI TION is very important CAUSE OF DEATH in plain terms, so that it may be properly classified. mation should be carefully supplied. AGE should be stated EXACTLY. AN UNFADING INK-THIS IS A PERMANENT See instructions on back of certificate MARGIN RESERVED FOR BINDING Exact statement of OCCUPA-RECORD. Every item of infor-PHYSICIANS should state

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

4		

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	ND. MEMORIAL HOSPITAL St., 5 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	death occurred in a hospital of hashronout, give as IVAVIE histend of street and damper) ds. How long in U.S. if of foreign birth?mos ds.
	D. St., Ward.
1	If nonresident give city or town and State
RS	MEDICAL CERTIFICATE OF DEATH
IDOWED, the word)	21. DATE OF DEATH July 14 (Month) (Day) 193 (Year)
32 ESS than	22. IHEREBY CERTIFY That Pattended deceased from 1932 to 1932; death is said to have occurred on the date stated above, at 70.20P.m
O. min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as tollows: Date of onset 7-6-32
(s) None	Dther Contributory Canses of Importance:
	Name of operation Date of What test confirmed diagnosis? Janualian Was there an autopsy? M.O.
	23. If death was due to external causes (VIDLENCE) fill In elso the following: Accident, sulcide, or homicide?
1932	Manner of injury Nature of injury 24. Wes disease er injury in eny wey related to occupation of deceased?
Meuri Registrar.	(Signed) Consultation of M.D. (Address) Cumberland Med.

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Example I		Example II	
The principal cause of death and related of importance were as follows:	auses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset 1 week ago 1 week ago
Arteriosclerosis	1915	Attack of epilepsy	
Chronic interstitial nephritis	1921	Run over by street car	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RECE	EMED		
Other contributory causes of importance:	9 103	Other contributory causes of importance:	
Gallstones		Gastroenteritis	1 year

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	1	A	1)	
/	,		1	/	

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institu-Ward) tion, give its NAME is stead of street and ²FULL NAME number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH WIDOWED OR DIVORCED (Write the word (Month) DATE OF BIRTH 17 I HEREBY CERTIFY. That I attended the deceased from (Day) (Year) 7 AGE IIf LESS than and that death occurred on the date cated above, I day hrs. The CAUSE OF DEATH * was as follows: 8 OCCUPATION (a) I rade, profession or particular kind of work (b) General nature of industry business, or establishment in (Duration) which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF 11 BIRTHPLACE STN OF FATHER *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether (State or country) W Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 01 4 18 LUNGTH OF RUSIDENCE (For Hospitals, Institutions, Trans-0 ients or Recent Residents) 13 BIRTHPLACE At place OF MOTHER In theyrs......mos......ds. State yrs mos. (State or Country) Where was disease contracted. it not at place of dea h?. usual residence OF BURIAL 20 UNDERTAKER If more banks are needed, address tate Registrar, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to cach and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer-Coal minc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation whatever, write None,

Statement of Cause of Death—Name, first, the DISLEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disese. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal");

Typhoid fever (never report "Typhoid Pneumonia");

Lobar pneumonia, Bronchopneumonia ("Pneumonia")

unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be st_ted unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions." "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonilis," etc. State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJULY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL. or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway trainaccident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e.g., sepsis, tetanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

STATE OF MARYLAND	-CERTIFICATE OF DEATH (17390)
1. PLACE OF DEATH	(119)
County allegany WITHIN CORP	ORATE LIMITS Registration Dist. No. 4
Village or City Consultand.	No. 915 Nolls garill Place, 6 - Ward (If death occurred in a hospital or instituted, give its NAME instead of street and number)
Length of rasidance in city or town where death occurredyrs	mosds. How long in U.S. if off oreign birth?yrsmosds.
2. FULL NAME June Itollag.	
(a) Residence: No. 915 Della (Upo) place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED OR DIVORCED (with the word)	21. DATE OF DEATH (Month) (Ody) (193 2 (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY. That I attanded dacassed from
6. DATE OF BIRTH (month, day, and year) Fel 8 1981	lest saw h by alive on 1932 to 16, 1932; daath Is said
7. AGE Yaars Months Days If LESS tha	
1 5 10 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BIDKKEEPER, etc.	and Enterine Inf
kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Oate dacaased last worked at this occupation (month and	17,1972
11. Total time (years) this occupetion (month and year) 11. Total time (years) spant in this occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	
13. NAME of more Holly	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Nama of operation. What test confirmed diagnosis? Work Was there an autopsy? My
15. MAIDEN NAME Codela Ima	What test confirmed diagnosis?
15. MAIDEN NAME Codelia fines 16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide?, 19, 19, 19
17. INFORMANT Frank Itally (Addrass) frankerlandy	Whera did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Placa Date / 19	Natura of injury
19. UNOERTAKER Anno Stern Gne (Addrass)	24. Wes disaaso or injury in eny way related to occupation of deceased?
20 FIREDULY 19, 1937 arrey Meestra	(Signed) Livinge C. The Command M. D.
If more blanks are needed address State Registrar	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5 4927	Perionitis	3 days ago
	AUG	9 1839	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
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9	RECORD.
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BINDING

MARGIN RESERVED

S. No. 1

should state OCCUPA-1. PLACE OF DEATH Registration Dist. No Village or City (If death occurred in a hospital or institution, give it NAME instead of street and number) Length of residence in city or town where death occurred How long In U.S. if of foreign birth? (a) Residence: No. Ware If nonresident give city or town and State (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5, SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIYORCED (write He word) (Month) 5a. If married, widowed, or divorced HUSBANO of 22. ERTIFY. That attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate. 7. AGE Years Month if LESS than Days I day, ____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance 10 --- min. were as follows: 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.___ Jo back Scindustry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.____ on Date deceesed lest worked at 11. Total time (yoers) this occupation (month and spent in this occupation _____ instructions Other Contributory Causes of importance 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) an harman sthere an autopsy? What test confirmed diagnosis? MOTHER important. 15. MAIDEN NAME 23. If death was due to externel causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? _____ Date of injury__ 16. BIRTHPLACE (city or town -WRITE PLAINLY (State or country) Where did injury occur?. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE, 17. INFORMANT very CAUSE OF (Address) 18. BURIAL, CREMATIONS OR REMDVAL Manner of injury 23 22,19.32 mation LION Nature of injury 24. Was disease or Injury In any wey related to occupation of deceesed? 19. UNDERTAKER (Address) If so, specify Registrar. (Address) ...

STATE OF MARYLAND—CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Year)

Date of onset

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Ex	ample I	r de	Example II	
The principal cause of deat of importance were as follo	ws:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	REC	1921	Run over by street car	1 week ago
Corebral hemorrhage	NUG 6 183	July 5,1927	Peritonitis	3 days ugo
Other contributory causes	of importance:	S.	Other contributory causes of importance:	
Gallstones		May 1,1923	Gostroenteritis	1 year

1	STATE OF MARYLAND—	CERTIFICATE OF DEATH
1.	PLACE OF DEATH	DRPORATE LIMITS 59
	County Alleganing	Registration Dist. No.
	Village Dr City Kenfelberland (If	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city or town where death occurredyrs,mos.	
2.	FULL NAME Mrs Hieresa K.	Youck
	(a) Residence: Np. 174 Thomas (Usualplace of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SE	4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED ON DETORCED (write the world)	21. DATE OF DEATH July 28 1937
5a, I	f married, widowed, or divorced	(Monthly (Day) (Yeer)
	(or) WIFE of Henry 4.	22. I HEREBY CERTIFY. That I attended deceased from
6. D/	ATE OF BIRTH (month, day, and year) Cox 10 1870	Last saw h. A alive on ALL 27 192 death is said
7. AC	GE Years Months Days If LESS than	to have occurred on the date stated above, at
	61 9 18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were expollows:
N	8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	Dealete Word
T V	9, Industry or business in which	Wilhters 12
OCCUPATION	work was done, as SILK MILL, SAW MILL, BANK, etc	1,423
2	10. Date deceased last worked et this occupation (month and spent in this	
	yeer) occupation	Other Contributory Causes of Importence:
12. B	STRTHPLACE (city or town)	Mysendells
Y .	13. NAME olin Walsh	
FATHER	14. BIRTAPLACE (city or town)	Name of operation Date of
- 1/	(State or country)	What test confirmed diagnosis? Was there an autopsy?
= -	15 MAIDEN NAME Churco Grean	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
MOTHER	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury, 19
·	Marker & Hand	Where did Injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
17. 11	(Address) Eurober Land Ma	Specify whether injury occurred in INDUSTRY, in HOME, OF IN PUBLIC PLACE.
18. B	BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Place It Wall Date Date 1932	Nature of Injury
19. U	(Address) Completed Tud	24. Wes disease or Injury in any way related to occupation of deceased?
20. F	Joely 29, 13 & Harney I Preis	(Signed) 1880 Cu Cup M. D. (Address) 1830 a cu
	Registrar. If more blanks are needed, address State Registrar,	(Address)

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilensu 1 week ago Chronic interstitial nephritis 1921 Run over by street ear 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS H

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Š.	B.	
V. S. No.	ż	

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	3
County Magany COMPONATRAL	Registration Dist. No.
Village or City Trustlying	No. Muses St., Ward
Length of residence in city of town where death occurred	death occurred in a horpital or institution, give its NAME instead of street and number)
VIII A A MARILIA	P)
2. FULL NAME //Wewwwy	House underland me
(a) Residence: No. '(Usualplace of abode)	St., Ward. W O Court give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH July 18 1932
5a. If married, widowed, or divorced	(Month) (Dey) (Yeer)
HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That I ettended deceesed from
1.1. 18 31	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Yeers Months Deys If LESS than	I lest saw h alive on, 19; deeth is said
1 day,hrs.	to heve occurred on the date stated above, etm. The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trede, profession, or perticular	ware es follows ; Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Musearrage
Industry or business in which	
work was done, es SILK MILL, SAW MILL, BANK, etc	
11. Total time (years) this occupetion (month ad year) year) Output 12. Total time (years) spent in this occupetion	
frottened.	Other Coatributory Causes of importence:
12. BIRTHPLACE (city or town)	
Quantustand	Neme of operation
(State or country)	Whet test confirmed diagnosis?
15. MAIDEN NAME Filen V ty Can	23. If death was due to externel ceuses (VIOLENCE) fill In also the following:
15. MAIDEN NAME JULIU V Gand 16. BIRTHPLACE (city or town) Mcdland (State or country)	Accident, suicide, or homicide? Dete of injury 19
(State or country)	Where did injury occur?
17. INFORMANT MANUTY SAUCK (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Plece	Neture of injury
19. UNDERTAKER ON (Address)	24. Was disease or injury in any wey related to occupation of deceased?
20. FILED 7/29 , 19 32 Q.P. Starker.	(Signed) (which was a M. g. (Address) Husse M. g.
	2411 N. Charles Street, Baltimore, Requesting T. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsu Arteriosclerosis 1915 1 week ago 1921 Run over by street car Chronic interstitial nephritis 1 week ago Julu 5.1927 Peritonitis Cerebral hemorrhage 3 days ago Other contributory causes of importance: Other contributory causes of importance Gastroenteritis Gallstones May 1,1923 1 year

ADDITIONAL	SPACE	FOR	RURTHER	STATEMENTS	RV	PHYSICIAN
ADDITIONAL	SPAUE	run	FURIFIER	STATEMENTS	DI	LUISIOIVI

M	M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	1. PLA Cour
	Evel [CIA] temel	2. FUL
	IYSI sta	(a)
R	ECC PI Xact	3. SEX
U	T R	Dec. 1
MARGIN RESERVED FOR BINDING	MANEN CACTI lassified.	5a. If marrie HUSBA (or) WI
BIL	EXEN EX	6. DATE OF
OR	ated oper	7. AGE
O F	is is is e st	NOILY 9. Indu
VEI	THI Id b Ity b	TA S. Indu
ER	NK-shou	Do Date
RES	GE CE hat hat	0
SIN	-WRITE PLAINLY, WITH UNFADING INK—THIS IS A PEI mation should be carefully supplied. AGE should be stated E CAUSE OF DEATH in plain terms, so that it may be properly TION is very important. See instructions on back of certificate.	12. BIRTHPI
AR	DPI pplic	13. NAM
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	e car	13. NAN 14. BIRT 15. MAI 16. BIRT
	LAIN uld b	17. INFORMA
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	tion USE UNI	Place
0, 1	CA	19. UNDERT
V. S. Mo. 1	T)	20. FILES
P.S.	41/	

STATE OF MARYLAND—	CERTIFICATE OF DEATH (17333
1. PLACE OF DEATH	(52)
county allegan within CORPC	PRATE LIMITS Registration Dist. No.
Village or City family and	No. Aslvan Retreat St. 3 Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)
	s ds. How long In U.S. if of foreign birth?
2. FULL NAME Is arel Imes	
(a) Residence: No. Ualley Coad (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male While Wildowall	193 2
5a, If married, widowed, or divorcad	(Month) (Day) (Year)
HUSBAND OF COPY WIFE OF Mary Celliatt	22. HEREBY CERTIFY. That I altended deceased from
	, 19.50, 10
6. DATE OF BIRTH (month, day, and year) 11 4 4 4 7 7 7. AGE Years Months Days If LESS than	I last saw h
Co I day, hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trada, profession, or particular	wera as follows:
kind of work dona, as SPINNER, Harmer	(hite-in Allerain)
9. Industry or business in which work was done, as SILK MILL.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, atc 10. Date deceased last worked at this occuration (month and	
this occupation (month and spant in this occupation occupation	Mullow Without -
01 11 P.	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) Control of the Contro	
13. NAME MASS Comes	
13. NAME MOSS Inco	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Hallie Bennett. 16. BIRTHPLACE (city or town)	23. if death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accidant, sulcide, or homicida? Date of injury, 19
S (State or country)	Where did injury occur?
17. INFORMANT Melow Robinett	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Bannan addition	
18. BURIAL, CREMATION, OR REMOVAL Place Mt From A Date Geolg 5, 198.	Manner of Injury
00 1410	Title of many
19. UNDERTAKER Occupation	24. Was disaase or Injury in any way related to occupation of theceased?
(Address) bombeled a ma	(Signad) / My T / Melson M
20. FILEDONA, 19 Backward Mexistrar.	(Address) 1 Q 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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10.—The month and year the deceased last worked at the occupation.

. 11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arleriosclerosis	1915	Attack of cpilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

MARGIN RESERVED FOR BINDING

19. UNDERTAKER (Address)

or mror- nld state CCUPA-	STATE OF MARYLAND—	
shou of O	Village or City B anton (ii	Registration Dist. N No. death occurred in a hospital or institution, give its NAME instead
CIANS	Length of residence in city or town where death occurred Trayrs. Someon. 2. FULL NAME. (a) Posidence No.	6 ds. How long in U.S. If of foreign birth?
	(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	Ward. If nonresident give city MEDICAL CERTIFICATE OF
L Y.	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (D
5 20	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. UI HEREBY CERTIFY, The
ited E N	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS then 1 day,hrs. ormin,	to have occurred on the date stated above, at
2	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month and this count in this securation (month and security in this security in this security in this security in this security is security in this security is security in this security is security in this security in this security is security in this security is security in this security in this security is security in this security is security in this security is security in this security in this security is security in this secu	Sythoid Fever
(A) 40	SAW MILL, BANK, etc	Other Contributory Causes of importance:
se se icti	12. BIRTHPLACE (city or town) (Stata or country) (Stata or country)	
in t	13. NAME 14. BIRTHPLACE (city or town) 3 (State or country)	Name of operation
	15. MAIDEN NAME Rendall 16. BIRTHPLACE (city or town) Fraghlin (State or country)	23. If death was due to external causes (VIOLENCE) fill In also Accident, suicide, or homicide?
EA7	17. INFORMANT Management M. Ryle. (Address) 3 (Address)	Where did injury occur?(Specify city or town, c Specify whether injury occurred in INDUSTRY, In HOME, or i
N is very	18. BURIAL, CREMATION, OR REMOVAL Place Date Date 1932	Manner of injury

stead of street and number) __yrs.____ ds. city or town and State F DEATH (Year) That I attended deceased from : death is sald am. importance Date of onset Date of Was there an autopsy?____ also the following: of injury______ 19____ n, county and State)
or in PUBLIC PLACE. 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address) dubeauce

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

who had no occupation whatever write none. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife ceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the de-Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of

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As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the should be ealled a salesman and not a elerk.

of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

I year	auses of importance:	Other contributory es	SSEL, I yo M	Other contributory causes of importance: Callstones
	MENED			
g quis ado	1525	Peritonitis	1261'9hmf	Cerebral hemorrhage
I week ago	- 1832	Run over by street car	1861	Chronic interstitial nephritis
I week ago	AUG D AND	Hisdoluto to double.	9161	Arlerioselerosis
ferno to ested	of death and related causes	The principal cause of importance were	Jeano lo stad	The principal cause of death and related causes of importance were as follows:
	II aidurpyri			r ardumner

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate.

Village or City Buller and Ma Langth of residence in city or town where death occurred 69 xrs. 5 mos. 2. FULL NAME Jeresea Ceculia (a) Residence: No. 521 January	DRATE LIMITS Registration Dist. No. No. 521 Fayette St., Ward death occurred in a horpital or translution, give its NAME instead of street and number) 19 ds. How iong In U.S. If of foreign birth? yrs. mos. ds. Xuhlman St., Ward.
(Usuai place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 27 (Mowth) 27 (Day) (Yeer)
5e. If married, widowad, or divorced HUSBANO of (or) WIFE of	22. Marel 15 1932 to July 27 1932
6. DATE OF BIRTH (month, day, and year) Left 8, 1863	t lest saw h 1 aliva on July / 27 , 19.3 2 death is said
7. AGE Yaars Months Days If LESS than	to heve occurred on the date state belove, et 93 a.m.
69 5 19 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were as follows:
8. Trada, profession, or perticular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Carcinoma & Ball Bladder
9 Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, atc. 10. Deta deceesed lest worked at this occupation (month end 9 3 2 yeer) 11. Total time (yeers) spent in this occupation 12.	Jeneul Carrenomators
12. BIRTHPLACE (city or town) Cumberland (State or country)	Oth Coutributory Causes of importance:
13. NAME Bernard Kuhlman	4. ~4.
14. BIRTHPLACE (city or town) Kingdom of Hanorer (Stete or country)	Name of operation . Cx planatry . Date of april 29/32 What test confirmed diegnosis peration . Wes there an autopsy?
15. MAIDEN NAME Rosena Horicha	23. If death was due to extarnel ceuses (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town) Transoura (Stete or country)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Josephine Kuhlzugu (Address) 521 Jayette St Cumberland	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVA Bulsage July 29, 19 32	Manner of injury
19. UNDERTAKER Jacob Hafering. Hafering.	24. Was disease or injury in any way related to occupation of deceased?
20 Entely 29, 193 V Harrey Allen Registrar.	(Signed) Hay M.D. (Address) D. S. Christon M.D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

1

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastrocnteritis	1 year

ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
TENTONALOTITED	MA TACATA	Y OTE	T O ICTIVITIE	DITTERMENTALIN	A) I	T TT Y DY OTTEN

	1. PLACE OF DEATH	-CERTIFICATE OF DEATH 07336
THE PERSON NAMED IN	County allegany	Registration Dist, No.
-	Village or City	No. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
		osds. How long in U.S. if of foreign birth?yrsmosds
	2. FULL NAME Charles bakes	
	(a) Residence: No. Red Will	St., Ward.
100	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED,	21. DATE OF DEATH
	male white OR DIVORCED (write the word)	(Mooth) (Oat) (Year)
!	5a. If married, widowed or divorced HUSBANO of	22. OF TEREBY CERTIFY, That I attended deceased from
	(or) WIFE of Masy haber	July 14, 1932, July 14, 193;
-	5. DATE OF BIRTH (month, day, and year) april 7-1865	Chast saw haterialiva on Jacky 14 , 1982; death is sai
	7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date states ebova, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
	0 ormin.	ware as follows:
100	8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc	(14444-48-46
-	Industry or business In which	of a a
:	work was done, as SILK MILL, SAW MILL, BANK, etc	1 Janach
	this occupation (month and year) spant in this occupation	
	12. BIRTHPLACE (city or town) Ballinson	Other Contributory Causes of importance:
	(State or country)	
1	13. NAME to fine to aber 14. BIRTHPLACE (city or town) Lemmany	
-	14. BIRTHPLACE (city or town) Servary (State or country)	Name of operation
2	15. MAIDEN NAME Margret Clathart	What test confirmed diagnosis?
	16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicida, or homicida?
777	16. BIRTHPLACE (city or town) (State er country)	Where did Injury occur?
	17. INFORMANT CARDON A CARDON	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	18. BURIAL, CREMATION, OR ROMOVAL	Manner of Injury
	Place Date Date 193	Natura of Injury
	19. UNOERTAKER	24. Was disease or Injury In any way related to occupation of deceased?
-	(Address) A grant from mod.	If so, specify The The Company of th
١	20. FILED //6 1938 U.M. Tracker.	(Signed) M

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
er contributory causes of importance:		Other contributory causes of importance:	
Ustones	May 1,1923	Gastroenteritis	1 year

V. S. Mo. 1 m

item of infor-

of OCCUPA.

1. PLACE OF DEATH County Allg: Village or City Borden Shaft	Registration Dist. No. No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
(a) Residence; No. (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Sounds 4. COLOR OR RACE OR DIYORCED (write the word) 5a. If married, widowed, or divorced HUSBANO of	21. DATE OF DEATH (Month) (Oay) (Year)
(or) WIFE of	1 HEREBY CERTIFY. That attended deceased from
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Oays If LESS than 1 day, hrs. ormin.	to heve occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 1D. Oate deceased lest worked at this occupation (month and year) occupation	Cerebral meningités ?
12. BIRTHPLACE (city or town) Shaff (State or country)	Other Contributory Canses of importance:
13. NAME Probert. H. Lageer 14. BIRTHPLACE (city or town) Vale Surrent (State or country)	Name of operation
15. MAIOEN NAME Editle Uninebreunes 16. BIRTHPLACE (city or town) Abidlothiau (State or country)	23. If death was due to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT POUR TO A A GREET. (Address) 18. BURIAL, CREMATION, OR BEMOVAL Place Vale Summit bate July 15, 1932	Specify whether Injury occurred in fNDUSTRY, In HOME, or in PUBLIC PLACE. Menner of Injury Nature of injury
19. UNDERTAKER Gacab Hafer. (Address), 19.38 Q.R. Harker	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

Registrar.

ma

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	10 to 5 to 10
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis Chronic interstitial nephritis	1915	Attack of epilepsy Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
ovi ovi av nomor mago	J avg 0,1007	20,000	o augo ago
Other contributory causes of importance:		Other contributory eauses of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state TH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-FOR BINDING hack of certificate. MARGIN RESERVED CAUSE OF DEATH in plain terms, so that it may be N. B.—WRITE PLAINLY, W.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07338
1. PLACE OF DEATH	9
County Ollesanery	Registration Dist. No. 9
Village of Give with go estellation	NoSt.,Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)
115	CA Word
(a) Residence: No. 20 8 - f (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE OR DIVORCED (write the word) a. If married, widowed, or divorced	21. DATE OF DEATH Month Month (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from 15, 1931, to June 25, 1932
DATE OF BIRTH (month, day, and year) 7 193)	I las saw h. sun alive on June 2/5 1932; death is sai
AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, at 5.40 R.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Diorrha 5/15
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc Jundustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 11. Total time (years)	-
11. Total time (years) spent in this occupation year) 12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importance:
13. NAME John Peable	
13. NAME John Service (city or town) all had	Name of operation Date of
((State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME of the Clark. 16. BIRTHPLACE (city or town) town of the Clark of of the	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury 19
17. INFORMANT AT THE Great mo	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Resident My Twoate July 4 , 19 3	Manner of injury
19. UNDERTAKER (Address) Borton, M.d.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED & 3 , 19.32 A Sayhul When Registrar.	(Signed) Fiedman M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

4 = 1		

1. PLACE OF

County

Village or Ci

Length of resid

PERSON.

2. FULL NAM (a) Residence

3. SEX

7. AGE

OCCUPATION

FATHER

is TION MALE

5a, If married, widowe

6. DATE OF BIRTH (

8. Trade, profess

9. Industry or b work was SAW MILI 10. Date deceese this occup

12. BIRTHPLACE (cit)

13, NAME

kind of w

SAWYER.

year) ___

(State or country)

(State or count

HUSBAND of (or) WIFE of

8

STATE C		CERTIFICATE OF BEATTI	733
ALLEGANY Ty CUMBERLA ence in city or townwhere	ND (II	Registration Dist. No. No. MENORIAL HOSPITAL St., death occurred in a horpital or institution, give its NAME instead of street and thou long in U.S. if of foreign birth? yrs.	number)
e: No. 492 I	(Usual place of abode)	St., 6 - Ward. If nonresident give city or town an	d State
AL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	d State
4. COLOR OR RACE WHITE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE	21. DATE OF DEATH July 9, 1932 (Month) (Day)	., 193(Yeer)
nonth, day, and year) Months	JULY 9, 1932 Days If LESS then 1 day, 2hrs. and 20nin.	to have occurred on the date stated above, at 4:50AM.	d deceased from , 19
ion, or particular rk done, as SPINNER, 300KKEEPER, etc. usiness in which	ALUCE ZONIN.	Viewaline Built	Date of onset
done, as SILK MILL, , BANK, etc	11. Total time (years) spent in this occupation		
or town) MAF	YI. AND	Other Contributary Causes of importence:	
OHN HARVEY	LEWIS		
city or town) MAF	RYLAND	Name of operation Date of	

Where did Injury occur?_____

14. BIRTHPLACE (State or country)

MOTHER TRUE JUDITH 15. MAIDEN NAME 16. BIRTHPLACE (city or town)

17. INFORMANT MEMORIAL (Address)

18. BURIAL CREMATION, OR REMOVAL

19. UNDERTAKER (Address) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury...

What test confirmed diagnosis?_____ Was there en eutopsy?____

(Specify city or town, county and State)

Accident, suicide, or homicide?______ Date of injury______ 19_

24. Was disease or Injury In any way related to occupetion of deceased?_

23. If death was due to external causes (VIOLENCE) fill in also the following:

(Signed) (Address 41 -

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAL	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN
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and the same of th		

V. S. No. 1 m

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 073
1. PLACE OF DEATH	OPPODATE (46)
County allegages	Registration Dist. No.
Village or City Kulluffaul	No. 42 2 Williams It St., 6-1 Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Francis malt	less.
(a) Residence: No. 427 Williams	Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the word) Manual	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or diverced HUSBAND of (or) WIFE of Tredoutely HUSBAND of	22. CERTIFY, Thet attended deceased from
10- 117 10	1 look what all the 12 139
6. DATE OF BIRTH (month, day, and year) 7. AGE Yeers Months Days If LESS than	to have occurred on the dete stated above at 12 50m.
1 dey,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance
2 Teads - referrite or - returning	were as follows: Date of onge Date of onge
S. Flade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done as SI IK MILL	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
Date deceased last worked et 11. Total time (years)	
this occupation (month and spent in this year)	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	
13. NAME Toople Helmsteller	
13. NAME OF CLE STUDIO 14. BIRTAPLACE (city or town)	Name of operation Move Date of
(State or country) Derweerey	What test confirmed diagnosis? Examination Was there en autopsy?
15. MAIDEN NAME Flacresa Brownstart	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME FLACULA STOWNSTAND 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury19
(Stete or country)	Where did injury occur?
17. INFORMANT Frederick Maffley (Address) 447 Which St.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVALO	Manner of Injury
Place DV PT Cell Dyle July 18, 1932	Neture of injury
19. UNDERTAKER Louis Heere due-	24. Was disease or injury in any way related to occupation of deceased?
(Address) Curreles lack md	If so, specify
1111	(Signed) Why Process
20. EHET CI 14 1837 NO arulus I well	(Signey)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			6

or- A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
state UPA-	1. PLACE OF DEATH	2 1000
* 1	County Algany	Registration Dist. No.
should of OCC	Village or City Frast burg	No. // Sauvery St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
200 2	Length of residence In city or town where death occurredyrs.3mos	/ / / /
RD. Every YSICIANS statement	2. FULL NAME Centonio Mais	cio
	(a) Residence: No. // Bowles (Usual place of abyde)	St., Ward. If nonresident give city or town and State
RECC. PE	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
KT.	3. SEX 4. COLOB OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
C T Sified	5a. If married, widowed, or diverced HUSBAND of	(Month) (Day) (Year)
N. A.	(or) WIFE of Veresa Massis	1 HEREBY CERTIFY, That I attended deceased from
ERN EX el.	6. DATE OF BIRTH (month, day, and year) June 19 1867	post saw him alive on July 015 19 32; death Is said
d d erly	7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 3,25 Pm.
IS A PE stated E properly certificate	65 28 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
ro	8. Trade, profession, or particular kind of work done, as SPINNER V SAWYER, BOOKKEPPER etc.	Ineurosin of
HIS be be of	The state of the s	Ap . T
NK_T should it may n back	Industry or business in which work was done, as SILK MILLCOOL Munes SAW MILL, BANK, etc.	veccenaing
		(Losta)
1 2 0	10. Date decoased last worked at this occupation (month and year)	000000
AGE THAT that ons o	year)	Other Cuutributery Causes of Importance:
NFADING oplied. AGE erms, so that instructions	12. BIRTHPLACE (city or town) Vinsondale	
AI ed. s, ru	(State or country) tale	
supplied in terms,	13. NAME John Macio	1
D # # "	14. BIRTHELACE (city or town)	Name af operation Date of Date of
	(State or country)	What tast confirmed diagnosis? A - I a - Was there an autopsy?
	E 15. MAIDEN NAME 4 MAN -)	
W refu	E C	23. If death was due to external causes (VIOLENCE) fill in also tha following:
Car CH orts		Accident, suicide, or homicide?
NE pe	(Stata or country)	Whera did injury occur? (Specify city or town, county and State)
Should be carefu OF DEATH in i	17. INFORMANT Leves Cassella (Address) Romein of tractions	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
三 四 当	Place St. Micheal's Centerpate July 18, 19 32	Natura of injury
WRITE mation s CAUSE TION is		Trocura of mighty.
CA	19. UNDERTAKER acov your	24. Was disease or injury in any way related to occupation of deceased?
B	(Address) roething Md.	If so, specify
-	20. FILED. 1/0 1937 arker	(Signed) M. D.
ZR	Registrar.	(Address) Prostrug Mg
(1)	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
HUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(120)
County allegany	Registration Dist. No.
Village or City Jeken, Mil	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 2 yrs. 3 mos.	
2. FULL NAME Catherine Wat	thews
(a) Residence: No. Pelsin (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH July 25th (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Phril 20. 1930	I last saw hele alive on July 25 , 19 3 2 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3.4 OP m.
2 3 5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, ASWYER, BOOKKEEPER, etc.	Cholera Infantism
SAWYER, BOOKKEPER, etc. Industry or business in which work was done, as STINNER, Work was done, as STILK MILL, SAW MILL, BANK, etc. 10 Data deceased last worked at this occupation (month and this progration from the angel of the program in this program in the	
- 1 Shall ill fill?	17
yaar) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) - Mary land (State or country)	
13. NAME James matches	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country) Mary tank	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Vlenona Snydes	23. If death was dua to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME VEnona Snyder 16. BIRTHPLACE (city or town)	Accident, suicida, or homicide? Data of Injury, 19
(State or country) maryland	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT James matthews.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Placement July Committed July 2719.32	Nature of injury
19. UNDERTAKER M. Eichhorn (Address)	24. Was diseasa or injury in any way related to occupation of deceasad?
20. FILED July 27, 1932 S. a. Boucher Registrar.	(Signed) 1 flyry M. Hodger M. D. (Address) M. D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborcr" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year
MARKET CONTRACTOR STATES			

BIND	
FOR	
RESERVED	
MARGIN	1

		F DEATH Aller	any WITHIN C	PRPORATE LIMITS 19
	County Village or C	A	rland. Id	Registration Dist. No.
				(If death occurred in a hospital or institution, give its NAME instead of street and number)
•	FULL NAI	Inmag	1 1 1	osds. How long in U.S. if of foreign birth?yrsmos
2		ce: No. 507	Ta au	St., 6 ~ 1/ Ward.
-			(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. S		4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
3, 3	Male	vnite	OR DIVORCED (write the word)	July 31.1932, 193 (Month) (Day) (Yea
5a.	If married, widow HUSBANO of	ad, or divorcad		
	(or) WIFE of			22. July 27 1932 to July 31, 19
6 [ATE OF RIDTH	month, day, and year)	June. 16.1932	146st saw him aliva on July 130, 1932 death i
7. A			Oays If LESS than	to have occurred on the date stated above, at 12.30 m. Am
		1	1 day,h	Tha PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:
z	8. Trade, profes	ssion, or particular		Jerus Jul
OCCUPATION	30. 2	vork dona, as SPINNER, BOOKKEEPER, etc business in which	0 0	Malantution &
OP.	work was	dona, as SILK MILL, L, BANK, etc	•••••	
		ad last worked at		
8	10. Date decease this occup	pation (month and	11. Total tima (yaars) spant in this	
	this occupyaar) BIRTHPLACE (cit	pation (month and ty or town)	spant in this occupation	Other Contributory Causes of Importance:
12.	this occur year) BIRTHPLACE (cit (State or cour	pation (month and ty or town)	spant in this occupation md	Other Contributory Causes of importance:
12.	BIRTHPLACE (cit (State or cour 13. NAME	ty or town) Fred A.Ma (city or town)	md tthews	Name of operation Data of Data
FATHER	this occupyaar) BIRTHPLACE (cit (State or cour 13, NAME 14, BIRTHPLACE (State or	ty or town)	spant in this occupation md tthews	Name of operation Data of What test confirmed diagnoses Was there an autopsy?
FATHER	this occupyaar) BIRTHPLACE (cit (State or cour I3. NAME I4. BIRTHPLACE (State or 15. MAIDEN NA	ty or town) Fred A. Ma (city or town) country) ME	spantin this occupation md tthews Wva George	Name of operation Data of What test confirmed diagnosis Was there an autopsy? 23. If death was due to external causes (VIOL ENCE) fill in also tha following:
12.	this occupyaar) BIRTHPLACE (cit (State or cour I3. NAME I4. BIRTHPLACE (State or 15. MAIDEN NA	ty or town) Fred A.Ma (city or town) country) ME City or town) cutha	spantin this occupation md tthews Wva George	Name of operation
MOTHER FATHER	this occupyaar)	pation (month and ty or town) Fred A.Ma (city or town) country) ME City or town) country) Fred.A.M	spant in this occupation md tthews Wva George. Wva	Name of operation Data of What test confirmed diagnosis Was there an autopsy? 23. If death was due to external causes (VIOL ENCE) fill in also tha following:
MOTHER FATHER	this occuly yaar)	ty or town) Fred A. Ma (city or town) country) ME City or town) country)	spant in this occupation md tthews Wva George. Wva atthews Md	Name of operation
MOTHER FATHER	this occuly yaar)	pation (month and ty or town) Fred A.Ma (city or town) country) ME (city or town) country) Fred.A.M Cumberland Ion, or REMOVAL LPPIPPA. N	spant in this occupation md tthews WVA George. WVA atthews Md 2.1932,19	Name of operation
MOTHER FATHER 17.	this occuly yaar)	pation (month and ty or town) Fred A.Ma (city or town) country) ME City or town) country) Fred A.M Cumberland Ton, Or REMOVAL	spant in this occupation md tthews WVA George. WVA atthews Md 2.1932,19	Name of operation What test confirmed diagnosis 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. Manner ol injury

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Example I The principal cause of death and related causes of importance were as follows:			Example II	
			The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	Allo o	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1987	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU	July 5,1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones	Gallstones i		Gastroenteritis	1 year
				11

should state

PHYSICIANS Exact statement

stated EXACTLY. properly classified.

AGE should be

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

of OCCUPA-

	CERTIFICATE OF DEATH	60
1. PLACE OF DEATH WITHIN CORPO	RATE LIMITS (111-2)	
County allegan	Registration Dist. No.	4
Village or City Calledon de	No. Cillo garage Thombo sta	# Ward
(If Length of residenca in city or town where death occurredyrsmos.	death occurred in a hospitator institution, give its NAME instead of street and n	
to the l	ds. How long in the S. If of foraign/birth?yrsmos	sds.
2. FULL NAME Man Haltie M	1 - Brick	
(a) Residence: No. Talional ITal . West limber (Usual place of abode)	autimol. Ward.	
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and S MEDICAL CERTIFICATE OF DEATH	Otate
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH	
OR DIVORCED (write tha word)	July V	193 7
5a. If married, widowed, or divorced	(Month) (Day)	(Year)
(or) WIFE of Late albert M-Bride	22. I HEREBY CERTIFY, That I attanded d	eceased from
	July 1927, to July 1	, 19.2.7
6. DATE OF BIRTH (month, day, and year) May 4-1868		; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at	
64 2 ormin.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trada, profession, or particular kind of work dona, as SPINNER,	Short and A hourt in fram	
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which	inolen Ny	June
work was dona, as SILK MILL, SAW MILL, BANK, etc		14
10 Data deceased last worked at this occupation (month and spent in this		32
yaar) occupation		
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:	Quar 14
(State or country)		87
13. NAME Washington Watkens		
14. BIRTHPLACE (city or town)	Name of operation fraction neduced Date of Se	W 1/232
(State or country)	What test confirmed diagnosis? To any Was there an au	itopsy? DLC.
15. MAIDEN NAME NOT	23. If death was dua to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (cily or town)	Accident, suicide, or homicide? Data of injury	, 19/2
E (Stata or country)	Where did injury occur? Har have 6 neiles frameles	
17. INFORMANT Mus arch Longertean	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	CE.
(Address) Comberland mol	Her have in garden feel	-A
18. BURIAL, CREMATION, OR REMOVAL Place Dorraville U2 Data July 7 103	Manner of injury Fell walking along pal	7
Place Jerryville (19 Data July 1, 193)	Nature of Injury Onter Hy	
19. UNDERTAKER OF CLESS OF CHILD	24. Was disease or injury in any way related to occupation of daceased? 72	0
(Address) Culterland ud	If so, specify	
20. FILEDELLY 2 , 1932 Stanney V Dece	(Signed)	M. D.
Registrar.	(Address)	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis Chronic interstitial nephralis Cerebeal homorphage	1915	Attack of epilepsy	1 week ago
Chronic interstitial hephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
20 T V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ż

STATE OF MARYLAND—CERTIFICATE OF DEATH

67212

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
County alleghany	Registration Dist. No. 12
Village or City Medland	No. St. Ward
Length of residence in city, or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Bridget Katherine M	1 Cabe
(a) Residence: No. Midland md. (Usuafplace of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH July 3/ (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James M. Cabe	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw ba alive on 24 30 ,19 2 ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9.30 Um.
3/ / 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
9 Trade profession or particular	Cuteris Sclerosis ay 1-191
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	
O Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 3	
12. BIRTHPLACE (city or town) Selend	Other Contributory Causes of Importance:
13. NAME Edward Hagan	
13. NAME Clear Hagan 14. BIRTHPLACE (city or town) (State or country)	Name of operation
15. MAIDEN NAME nat Angeln	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Jeland (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT ALLS FULLA MARTINE (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place print for not And I Date alig 2, 1932	Manner of injury
19. UNDERTAKER David S. Boal. (Address) Janacoura Md.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED July 3), 1932 P. J. Stuken. Registrar.	(Signed) m' m corrupt M. D. (Address) william, md

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, ctc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related cause of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car.	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		GBM177713	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

V. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
1. B.—WRITE PLAI	mation should	CAUSE OF DE	TION is very i

	CERTIFICATE OF DEATH	346
1. PLACE OF DEATH	97)	
County allegary	Registration Dist, No. 12	
Village or City The Coff (IF	No. St., death occurred in a hospital or institution, give its NAME instead of street and numb	Ward
Length of residence in city or town where death occurred 30_yrs. 5_mos		
2. FULL NAME & lizabeth En	e m Mahon	
(a) Residence: No.	St., Ward.	
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (purite the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Bay)	(Year)
HUSBAND of (or) WIFE of Sease Mc Mahon	22. Lebruary 192 1931, to July 192	sed from
DATE OF BIRTH (month, day, and year) Manch 217, 1853	I last saw h alive on July 192, 1932; de	ath is said
. AGE Years Months Days If LESS than	to have occurred on the date stated abov (st_11 - + + + + + m.	
79 \$\sqrt{1\day,\hrs.} \or\hrs. \or\hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	te oi onset
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	0.4	19-3
kind of work dona, as SPINNER, SAWYER, BOOKKEFPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at his occupation (month and		
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 50		
2. BIRTHPLACE (city or town) Q langswill (State er country)	Other Contributory Causes of importance:	
13. NAME Thompson 14. BIRTHPLACE (city or town)		
f4. BIRTHPLACE (city or town)	Name of operation	
(Stata of country)	What test confirmed diagnosis? Was there an autop	sy?
15. MAIDEN NAME Mary British	23. If death was due to axternal causes (VIOLENCE) fill In also the following:	
16. BIRTHPLACE (city or town) Manual Control (Stata or country)	Accident, suicida, or homicide?	19
7. INFORMANT. Lete 11 Mayhem 9	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.	
8. BURIAL, CREMATION, OR REMOVAL	Manage of fulum.	
Place St. Mercheal's Date July 22, 1932	Nature of injury	
9. UNDERTAKER 9.5 3 Caly	24. Was disease or injury in any way related to occupation of deceased?	
(Address) Bouton md. 1	If so, specify	
20, FILED July 20, 19 3 2 P. Stuken	(Signed) 1. An Coolling (Address) Midland Maryland	1M. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	parameter than the same of
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related cause of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		CEMEDI	13.5
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN				

S	TATE C	F MARY	'LAND-	CERTIFICATE	OF DEA	ATH (I)	234
1. PLACE OF DEA	ТН	HTLW	IN COREO	ATE LIMITS 119			./
County See	· gam	2		100	Registration	Dist. No.	4
Village or City	Ess 60	Vana	<i>t</i>	death occurred in a hospital or insti	PAOST.	Tata St.	← Ward
ALLEGA ~ Length of residence in ci	H 0551	To Local	vrs & mos		itution, give its NAM f of foreign birth?		
	7	6	17	MM	8)	
2. FULL NAME	pary	es Alca	erd of	on Hell	w	The state of	
(a) Residence: No.	(700r.7	(Usual place of	abode)	St., Ward.	If nonresident	give city or town	and State
PERSONAL AN	D STATIST	CAL PARTIC	ULARS	MEDICAL	CERTIFICATE	OF DEATH	1
3. SEX 4. COLO	R OR RACE	5. SINGLE, MARR	IED, WIDOWED, (write the word)	21. DATE OF DEATH	1.	9	2
11/ale 1/	Milos	Sin	este	7	(Month)	(Oay)	, 193. (Year)
5a. If married, widowed, or divo	orced		/	22. I HEREB	YCERTIF	Y. Thet I attend	led deceased from
(or) WIFE of				July 1	1932 to	July 9	7 19 3 4
6. DATE OF BIRTH (month, de	v. end veer)	ct 28-	1931	I last sew h elive on	July 9	19.3	; death is said
7. AGE Yeers	Months	Deys	If LESS than	to heve occurred on the dete ste	eted above, et. 5	m.	
~	18	111	I dey,hrs.	The PRINCIPAL CAUSE OF DE. were as follows:	ATII and releted ceu	ses of Importance	Date of onset
8. Trede, profession, or pokind of work done,	erticuler es SPINNER						- Que
SAWYER, BOOKKEE	EPER, etc		••••••	Clason	Oliv	Coates	1.15
kind of work done, SAWYER, BOOKKEE Industry or business Ir work was done, as SAW MILL, BANK, 10. Dete decessed lest wo	SILK MILL,			Caura	(3,000		
10. Dete deceesed lest won this occupation (mo	rked at	11. Totel tim	ne (yeers) in this				
year)		gesup	ation	Other Contributory Causes of im			0.00
12. BIRTHPLACE (city or town)	Cul	entace	of Mich				7.5
(State or country)	TOM	1 1			i loy eu		
13. NAME Q Lee	0,111	1662		gu	rundsvo	~	
14. BIRTHPLACE (city or to	own)/Lecq	en //	V.Ge	Name of operation		Oate o	1
(Stete or country)	2	~ 6 1	1	Whet test confirmed diegnosis?.		Was there	an autopsy?
15. MAIOEN NAME	evy 6	Vacgo	1000	23. If deeth wes due to externel o			
16. BIRTHPLACE (city or to	No Gerry	weez the	we	Accident, suicide, or homicide?		Date of Injury	, 19
(Stelle bir Cobile)	70	4444	era of	Where did injury occur?	(Specify city o	r town, county and	State)
17. INFORMANT (Address) For	9 1/1/	Le le		Specify whether injury occurred	I IN INUUSIRY, IN H	OME, OF IN PUBLIC	PLACE.
18. BURIAL, CREMATION, OR I		aves-		Menner of Injury			
Plece/lone 6	meet	petokele	1/ 1937	Nature of Injury			
19. UNOERTAKER	O AXI	Y /		24. Was diseese or injury In eny	wey releted to occup	petion of deceased?	
(Address)	1	July 6		If so, specify			
20. FILEDERLY !!	1937	Harreen	Y. Bus	(Signed)	5	one.	M. O.
// /		70	Registrar.	(Address)	Zum/	weur	luce
/	If more	blanks are seeded, ad	dress State Registrar,	2411 N. Charles Street, Baltimore.	Requesting U. S. No	. I.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewift in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Examp	le I		Example II		
The principal cause of death and related causes Date of onse of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	MIG 63	1921	Run over by street car	1 week ago	
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago	
	BUREAU	*			
Other contributory causes of in	aportance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
		1			

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

1)	infor-	state	UPA-	Γ
1)	Jo ma	plnod	000	
	Every it	CIANS s	ement of	1
	RECORD.	PHYSI	Exact stat	
MARGIN RESERVED FOR BINDING	WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	fully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	1 plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
FOR BI	IS A PER	stated E	properly c	it. See instructions on back of certificate.
VED V	THIS.	ld be	ay be	ck of
スピンピア	G INK-	GE shou	hat it m	ns on ba
AKGIN .	NFADIN	pplied. A	erms, so t	instructio
	VITH U	fully sur	plain to	it. See

STATE OF MARYLAND—	CERTIFICATE OF DEATH (1738)
1. PLACE OF DEATH	DORATE LIMIT
County Allegan	Registration Dist. No.
Village or City Confidence of	No. Allogang Hosh St., # Ward death occurred in a horpital or institution, give its NAME included of street and number)
Length of residence in city or town where death occurredyrs,mos.	
2. FULL NAME Mike modiowa o	n modron w
(a) Residence: No. Zenknown	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Mongh) (Oay) (Yaar)
5a. If marriad, widowed, or divorcad HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY. That t attended deceased from July 14, 1932, to July 20, 1932
6. DATE OF BIRTH (month, day, and year)	I last sow h wor alive on July 20, 532; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2:55 m
about 50 - 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance ware as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	-A-1
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL.	Chrone purulent frontal
D CAW MILL PANK ata	Reguest and Clubbed Cells
10. Oate deceased last worked et 11. Totel tima (years)	on left side
this occupation (month end spent in this occupation occupation	
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importence:
13. NAME THE PROPERTY OF THE P	
13, NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Radical Frontal Dunus Date of 7/18/3.2 What test confirmed diagnosis? Lay Was there an autopsy? La
15. MAIDEN NAME - Zankinson	23. If death was due to external causes (VIOL ENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury, 19
(State or country)	Where did injury occur?
17. INFORMANTRecord at allegary 74 pg (Address) Comberland md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL Date July 22, 1932	Menner of injury
19. UNDERTAKER LOSTON	24. Was disease or Injury in any way related to occupation of deceesed?
(Address) England Mal	If so, specify
20. FILED Caly 22, 1824 A Darry M. Meis	(Signed) Your Office M. D. (Address) Cumbriland, Md.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

67920

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10.—The month and year the deceased last worked at the occupation.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis		The principal cause of death and related causes of importance were as follows: Attack of epilepsy		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927		1 week ago	
	,	2 0710701100	3 days ago	
The state of the s				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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See instructions on

CAUSE OF DEATH in plain terms, so that it

TION is very important.

-WRITE PLAINLY,

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1. PLACE OF DEATH County Steepen WITHIN CORPOR Village or City Je simbaland	RATELIMITS Registration Dist. Np. Np. College Annual State St., Ward of death occurred in a horpital or institution give its NAME instead of street and number) s. St., 6 -/ Ward. St., 6 -/ Ward.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Name of Divorced (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	22. I HEREBY CERTIFY. That I attended deceased from 193. (Yaar) 22. I HEREBY CERTIFY. That I attended deceased from 7, 19.3. (death is said to have occurred on the date stated above, at 1045 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and yaar) 12. BIRTHPLACE (city or town) (State er country)	Other Contributery Causes of importance: Suleshal Loyeuma 914
13. NAME Lloyd Gennett	Name of operation

(State or country)

MOTHER 16. BIRTHPLACE (city or town) (Stata or country)

15. MAIOEN NAME

17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL

19. UNOERTAKER (Address) 20. FILEDS

If so, specify (Signed)

(Address)

Manner of injur Nature of injury

What test confirmed diagnosis?_____

Accident, suicida, or homicide?_____

23. If death was due to external causes (VIOLENCE) fill in also tha following:

Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.

Date of injury.

(Specify city or town, county and State)

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
	(1)	1915	Attack of epilepsy	1 week ago	
Chronic interstitial ne	phritis AU	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU V.S	July 5,1927	Peritonitis	3 days ago	
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

"Weis " for	lettle under	much and	leficale	Berth Cerl	See
0	ert.	date of	Ochange	esation &	auch
	(hre	0		0	
	- ry).	U		0	

V. S. No. 1

STATE OF	MARYL	AND-	CERTIF	ICATE	OF	DEATH
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07350

1. PLACE OF	DEATH llegany	WITHIN CORPOR	RATE LIMITS (6-2)	stration Dist. No.
Village or City	y	erland	No. Memorial Hb61 death occurred in a hospital or institution, give in the death of the death o	oital St., 6 - Ward
2. FULL NAM (a) Residence	E Agnes Sh :: No. Nation		St., Ward.	nncaident give city or town and State
PERSONA	L AND STATIST	ICAL PARTICULARS	MEDICAL CERTIF	ICATE OF DEATH
Female	4. COLOR OR RACE White.	5. SINGLE, MARRIED, WIO OWEO, OR DIVORCED (write the word) married.	21. DATE OF DEATH July (Month)	29 , 193 2 . (Day) (Year)
5a. If merried, widowed HUSBAND of (or) WIFE of	thos. C. Pe	earce		RTIFY. That I attended deceased from the July 29, 19 32
6. DATE OF BIRTH (m 7. AGE Years		April 13, 1878. Days If LESS than 1 day, hrs. or min.	to heve occurred on the date stated above, e The PRIACIPAL CAUSE OF OEATII end ref tere he wollows:	y 29 ,1932 ; death is said 10.30 mA.M.
9. Industry or but work was company of this occupation of this occupation.	rk done, as SPINNER, BOOKKEEPER, etc usiness in which done, as SILK MILL, , BANK, etc	Housewife 11. Total time (years) spent in this occupation	Calldosti	of head wird
12. BIRTHPLACE (city (State or count	or town) MARS	LAND	Other Coutributory Causes of importants	yo cardetis
13. NAME	SHAW GE	ORGE		
14. BIRTHPLACE ((State or c	city or town) MARYI	LAND		thyroidecton 29/3
15. MAIDEN NAM		VILLE AGNES	23. If death was due to external causes (VIOL	ENCE) fill in also the following:
16. BIRTHPLACE (city or town) MARS	YLAND	Where did injury occur?	Oate of injury, 19
17. INFORMANT]	MEMORIAL HO CUMBERLAN		(Speci Specify whether injury occurred in INDUST	ify city or town, county and State) RY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATIC	ON, OR REMOVAL	Joate 7/3/ ,193	Manner of injury	
19. UNOERTAKER	Honas	chharm mo	24. Was disease or injury In any wey related	to occupation of deceased?
20. FILEO ely -	29,1932089	alusya Mersa. Registrar.	(Signed) Cum	perland, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	S Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
AUG 0 193				
Other contributory causes of importance:	5.	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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	County Alleghers WITHIN COR	PORATE LIMITS Registration Dist. No. 4
	Village or Cit Cambellane	No. 400 Senna aue st. to 24
	(If Length of residence in city) or town where death occurred	death occurred in a horpital or institution, give its NAME instead of street and number) ds. low iong in U.S. if of foreign birth?
	2. FULL NAME ome Them	Poland
	(a) Residence: No/ 400 Penna A	St. 6 - Ward.
	(Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
	Male White Married (write the word)	Monthi) (Oay) 1932 (Yaa
	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dale Poland	22. HEREBY CERTIFY, That i attended deceased
te.	6. DATE OF BERTH (month, day, and year) SUNT 29-1860	I last saw him aliva on July 11 1932 death 1
certificate.	7. AGE Years Months Oays If LESS than 1 day, hrs.	to have occurred on the data stated above, at
ertifica	or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
o jo	8. Trada, profession, or particular kind of work done, as SPINNER, Muschant SAWYER, BOOKKEPER, etc.	Carini Macorini Ti
back	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass In which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Data dacasad last worked and 11. Total time (years)	V•
	SAW MILL, BANK, atc. 11. Total tima (years)	
uo s	O To. Data dacaasad last worked an this occupation (month and 1/2)	<u> </u>
instructions	In DIDYUNI ACE (shared as MA	Other Contributory Causes of Importance:
ruci	12. BIRTHPLACE (city or lown) (State or couptry)	Chronics Bright Deser
inst	13. NAME John W Colond	V
See	14. BIRTHPLACE (city or town)	Name of operation Data of
	(State of country)	What test confirmed diagnosis? Was there an autopsy?_
important.	15. MAIOEN NAME Mary and Malson 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
por	O 16. BIRTHPLACE (city or town) (State er country)	Accident, suicida, or homicide?
very im	17. INFORMANT Poy Miller (Addrass) 214 Grand are lete	(Specify city or town, county and State) Specify whathar Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
13.	18. BURIAL, CREMATION, OR REMOVAL Piace LLO. W Date July 14, 1932	Manner of Injury
TION	19. UNOERTAKER G. S. Butles	24. Was disease or injury in any way related to occupation of datassed?
TION	(Address) Carabaland md.	if so, specify
T	20. FILED WIN 13, 1933 Of arregod Oless Registrar,	(Signed) That have have the

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago	
AUG 6 1932				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE 1	FOR FURTHER S	STATEMENTS	BY	PHYSICIAN
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supplied. ACE should be stated EXACTLY, P in terms so that it may be properly classified. See instructions on back of certificate. BINDIN MARGIN RESERVED FOR UNFADING INK--THIS should Every item

Exact

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	PERSON	AL AND S	TATISTI			ULARS (
SE	X-1	4 COLOR O	R RACE	WI	RRIED, DOWED, DIVORCE rite the wor	Den (D)
5 D	ATE OF BIR	гн	7		41	0
		***********	(Month)		(Day)	, 1 7. (Yes
7 AC	E			mos	d	If LESS to day
) (a)	CUPATION Trade, pro	ofession or				
(a) pa (b) bu wh	Trade, prorticular kind of General nasiness, or es nich employe	ofession or l of work ture of indu tablishment d or (employ	atry		-	
(a) pa (b) bu wh	Trade, pro rticular kind General na siness, or es nich employe RTHPLACE (State or cou	efession or d of work ture of indu- tablishment ed or (employ	atry	7	-	
(a) pa (b) bu wh	Trade, prorticular kind of General nasiness, or es nich employe	efession or d of work ture of indu- tablishment ed or (employ	atry	7 P	cl	4 _
(a) pa bu wh	Trade, prorticular kind General na siness, or es nich employe RTHPLACE (State or cou	ofession or of work	atry	フタフ	cl Cafe	L
(a) pa	Trade, prorticular kind General na siness, or es nich employe RTHPLACE (State or cou 10 NAME O FATHER	ofession or all of work	atry	797	cl Cafe	K.
(a) pa (b) bu wl	Trade, prorticular kind General na siness, or es nich employe RTHPLACE (State or cou 10 NAME OF FATHER 11 BIRTHPL OF FATH (Stato or 12 MAIDEN	efession or of of work	atry	797	cl Cafe Tol	sans

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.: Ward) (if

(3)

(if death occurred in a hospital or institution, give its NAME instead of street and number.)

MEDICAL C	ERTIFIC	ATE OF D	EATH	
S DATE OF DEATH	7	3	/	195
<u> </u>	, 1			
17 I HEREBY CER	TIFY, Tha	t I attende	d the dece	ased from
that I last saw halis	re on			., 192
and that death occurred of the CAUSE OF DEATH *			•, at	Indonesia M
Still	te		00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
	(Durstion)yı	mo	de
Contributory Secondary	o a martina de como esta de la	***************************************	••••••••••••	
(Signed)	7. Duration	1)2019	mo	7
7-31-1962 24	ddress)\	Fre	zety	-5/2
*State the Disease Violent Causes, state (Accidental, Suicidal or Ho	Causing	Death, or.	in death and (2)	s from Whether
18 LENGTH OF RESIDE		Hospitais,	Institutio	ns, Trans

Justing
20 UNDERTAKER

(Pala (Fath)

7 3/ , 193

Exhart, Md

If more branks are needed, address State Registrar, 16 W. Savatoga St., Balto., Requesting V. S. No. 1.

M

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more process of mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, whatever, write None. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> accident; Revolver wound of head-homicide; Poisoned by telanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, "PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary Chronic interstitial nephritis, Whooping cough; perilonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condior intercurrent) affection need not be ess important. Example: Measles (disease Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1532

## Comparison of the following specific formers the word of the wo	1. PLACE OF DEATH	
Lingth of residence in city of town where death occurred yes mos ds How long to U.S. If of foreign birth? 2. FULL NAME A SUMETH PARTICULARS (a) Residence: No. (Unasphere of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED (WHT of White of Wholly Order to whom and State Order to whom and Sta	County Olleg any	Registration Dist. No. / O
Length of residence in city of town where death occurred 2. FULL NAME 2. FULL NAME 4. COLOR OR RACE 5. St. Ward. Wa	Village or City Wit & Choq	
(a) Residence: No. (Unselplace of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINCLE MARRIED, WIDOVED PROVOKED (write the word) 5. If married, widowed, or divorced HUSARD of (or) Wife of 6. DATE OF BIRTH (month, day, and year) Ally 23 - / 8 8 1. 7. AGE 7. AGE 7. AGE 7. AGE 7. AGE 8. DATE OF BIRTH (month, day, and year) Ally 23 - / 8 8 1. 8. DATE OF BIRTH (month, day, and year) Ally 23 - / 8 8 1. 8. DATE OF BIRTH (month, day, and year) Ally 23 - / 8 8 1. 8. DATE OF BIRTH (month, day, and year) Ally 23 - / 8 8 1. 8. DATE OF BIRTH (month, day, and year) Ally 23 - / 8 8 1. 8. DATE OF BIRTH (month, day, and year) Ally 23 - / 8 8 1. 1. Tree, profession, or purificiple land of work done, as SPINNE, Ally 24 1. 2. Sequently or besidess in which 3. Sequently, BOOKREEFE, etc. 4. Sequently, BOOKREEFE, etc. 4. Sequently, BOOKREEFE, etc. 4. Sequently or besidess in which etc. 5. Sequently, BOOKREEFE, etc. 5. Sequently, BOOKREEFE, etc. 5. Sequently, BOOKREEFE, etc. 5. Sequently, BOOKREEFE, etc. 6. Sequently, BOOKREEFE, etc. 6. Sequently, BOOKREEFE, etc. 7. Sequently, BOOKREEFE, etc. 8. Sequently, BOOKREEFE, etc. 8. Sequently, BOOKREEFE, etc. 9. Sequently, Bookreefe, Bookreef		
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Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINCLE, MARRIED, WIDOWED, PROVORCED Commit the word) 5. If married, widoword, or divorced HUSDARD 6. DATE OF BIRTH (month, day, and year) 11 12 7 8 8 1. 7. AGE 8. If LEREBY CERTIFY, This I altended deceased from the varied accessed of importance were as joilow: 8. If LEREBY CERTIFY, This I altended deceased from the varied accessed of importance were as joilow: 8. The PRINCIPAL CAUSE OF DEATH and reliable causes of importance were as joilow: 9. Adeletery to business in which the submit above, 12 3 4 19. 3. The principal accessed last worked at pant in this occupation menth end years) 10. Dista deceased last worked et pant in this occupation menth end years) 11. In ADMA 12. BIRTHPLACE (city or town) (State or country) 13. AMBE 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURTHPLACE (city or town) 18. BURTHPLACE (city or town) 19. SAM SHILL BARK PROVING ACCESS ACCE		
3. SEX # 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR POLYORGED (correct he word) 193		
So. If married, widowed, or divorced (USA)	PERSONAL AND STATISTICAL PARTICULARS	
HUSBAND of Cory Wife of Cory Wi		21. DATE OF DEATH (Model) (Day) (No. 193
6. DATE OF BIRTH (month, day, and year) 104 3 - /88 /1 7. AGE Vears Months Days ITLESS than 1 day. his or min. or particular wind of work done, as SPINKR. However, as SPINKR. However, as SPINKR. However, as SPINKR. SAWRE, BOOKKEPR, etc. Occupation of month end work was done, as SPINKR. However, as SPINKR. SAWRE, BOOKKEPR, etc. Occupation of month end work was done, as SPINKR. However, as SPINKR. SAWRE, BOOKKEPR, etc. Occupation occupation (compation) occupation (month end year) occupation. Other Cappringery Causes of importance were as follows: 10. Data decased last worked et his occupation (month end year) occupation. Other Cappringery Causes of importance were as follows: 11. BIRTHPLACE (city or town) What less country) 12. BIRTHPLACE (city or town) Scallar (state or country) 13. NAME Was there an autopsy? What less confirmed diagnosis? Wes there an autopsy? What less confirmed diagnosis? Wes there an autopsy? What less confirmed diagnosis? Wes there an autopsy? What less confirmed diagnosis? Specify occupation of the country occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 14. BIRTHPLACE (city or town) Scallar (dadress) What less confirmed diagnosis? Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 15. Manner of injury In any way related to occupation of deceased? Not (Address) What less confirmed injury In any way related to occupation of deceased? Not (Address) Registrar. 16. SIRTHPLACE (city or town) Scallar (Address) Autopsy Manner of injury In any way related to occupation of deceased? Not (Address) Registrar. 17. INFORMANT 193 Manner of injury In any way related to occupation of deceased? Not (Address) Registrar. 18. SURFACE Registrar.	5a. If married, widowed, or divorced HUSBAND of	(real)
6. DATE OF BIRTH (month, day, and year) 1443-881. 7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trede, profession, or particular Months as SPINNER, How White dome, as SPINNER, How were as follows: as SWNER, BOOKKE FER, etc. 10. Otals deseated last worked: a part in this occupation (month end year) part in this occupation (month end year). 112. BIRTHPLACE (city or town). What is as which a sive on the date stated above, which is said to have occurred on the date stated above, which is said to have occurred on the date stated above, which is said to have occurred on the date stated above, which is said to have occurred on the date stated above, which is said to have occurred on the date stated above, which is said to have occurred on the date stated above, which is said to have occurred on the date stated above, which is said to have occurred on the date stated above, which is have as follows: were as follows: 18. BIRTHPLACE (city or town). White the control of the date stated above, which is said to have occurred on the date stated above, which is said to have occurred on the date stated above, which is have as follows: were as follows: 19. BIRTHPLACE (city or town). White the control of the date stated above, which is said to have occurred in land to the date stated above, which is have as follows: 11. BIRTHPLACE (city or town). White the control of the date stated above, which is said to have occurred in line of the cases of line of the control of the cases of line of th		
The PRINCIPAL Colly or town) 13. NAME 14. BIRTHPLAGE (city or town) (State or country) 15. MADEN NAME 16. BIRTHPLAGE (city or town) (State or country) 16. BIRTHPLAGE (city or town) (State or country) 17. INFORMANT 18. BIRTHPLAGE (city or town) (State or country) 17. INFORMANT 18. BIRTHPLAGE (city or town) (State or country) 17. INFORMANT 18. BURTHPLAGE (city or town) (State or country) 17. INFORMANT (Address) 18. BURTHPLAGE (city or town) (State or country) 19. UNDERTAKER 19. Date 19. JUDGETAKER 19. JUDGETAKER	DATE OF BERTH (month day and mark to Pre 23 - 1981.	1 10
S. Trede, profession, or particular Section Sectio		7/3 2/18
Trede, profession, or particular SAMYER, BOOKKEPER, etc. SAMYER, BOOKKEPER, etc. SAMYER, BOOKKEPER, etc. SAMYER, BOOKKEPER, etc. SAMWILL, BANK, etc. 11. Total time (years) spent in this occupation (month end year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 18. BURIAL, CREMATION OR REMOVAL Place 19. UNDERTAKER 19. JOURNALL Place (Address) 19. UNDERTAKER (Address)		The PRINCIPAL CAUSE OF DEATH and related causes of importance
Sudustry or business in which says was done, as SILK MILL, DATA SUMMILL, BANK, etc. 10. Office deceased last worked et this occupation (month end year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLAEE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLAEE (city or town) (State or country) 17. INFORMANT (State or country) 18. BURIAL CREMM-HOPEN REMOVAL Place Date	8. Trede profession or particular	Cerebal Heumon Lage Date of onset 2/13-32
SAW MILL BANK, etc. 10. Data deceased last worked et this occupation (month end year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION OR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. Data deceased last worked et this occupation et deceased? 11. Total time (years) spent in this occupation (month end years) Other Copplibatory Causes of importance: What test confirmed diagnosis? West there an autopsy? Month of the properties of the	9. adustry or business in which	7
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13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State er country) 17. INFORMANT (Address) 18. BURIAL, CREMATION OR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. FILED 11. INFORMANT (Specify city or town, country and State) 11. On the country of injury Name of operation What test confirmed diagnosis? When did injury occur? (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury Nature of injury 15. Was disease or injury in any way related to occupation of deceased? 16. Signad) 17. On FILED 18. Signad) 18. Signad) 18. Signad) 18. On FILED 19. On FILED 10. On FILED 11. On FILED 12. On FILED 13. NAME Name of operation What test confirmed diagnosis? When did injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Signad) 15. MAIDEN 15. MAIDEN 16. BIRTHPLACE (city or town) (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Signad) 18. Survival of the country of th		Other Contributory Causes of importance:
14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State er country) 17. INFORMANT (Address) 18. BURIAL, CREMATION OR REMOVAL Place (Address) Date 19. UNDERTAKER (Address)		Agalianin
What test confirmed diagnosis? Wes there an autopsy? West here an	0 te	
23. if death was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) (State er country) 17. INFORMANT (Address) 18. BURIAL, CREMATION ON REMOVAL Place Date Date Date Date Date Manner of injury Nature of injury Nature of injury 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) (Signad) Accident, suicide, or homicide? Date of injury Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury Nature of injury 24. Was disease or injury In any way related to occupation of deceased? If so, specify (Signad) (Address) M. D. (Address) (Address) M. D. (Address)		A .
Accident, suicide, or homicide? Date of injury, 19	15. MAIDEN NAME MARY MC GARA QUA	
Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) 18. BURIAL, CREMATION OR REMOVAL Place Manner of injury Nature of injury 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) (Address) (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) Manner of injury Nature of injury Nature of injury (Address) (Signad) (Address) (Address) (Address) (Address) (Address) (Address) (Address)	16 RIRTHPLACE (city or town) San Thomas d'	
Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) 18. BURIAL, CREMATION OR REMOVAL Place Date T/6, 1932 Manner of injury Nature of injury Nature of injury 19. UNDERTAKER (Address) Toology (Address) (Signad) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address)		
Place MtS wage Date 7/6, 1932 Nature of injury Nature of injury 24. Was disease or injury In any way related to occupation of deceased? 15 so, specify (Signad) At Conference M.D. (Address) At Conference M.D. (Address) At Conference M.D.	17. INFORMANT B. Porter	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
Place MIS ways Date 1	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
(Address) First fung Inf (Signad) At Copyllies M.D. (Address) (Address) Aut Savage Mail	Place MITS avage Date 1/6, 1932	
FILED 7/ 15 , 1932 NJ, Bostetter MA (Signad) At 1 1 Spoteller of M.D. (Address) Aut Swage Not.	19. UNDERTAKER J. J. Wrst (Address) Hurst	
	20 FILED 7/ 15 1932 NJ, Bostetter WA	(Signad) A. J. Spoteller 9 M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person had no occupation whatever write none.

To	be	complete,	an	occupation	return	must	state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

ous the particular kind of work done and return that, as spinner, weaver, etc. Find

S. T UARRUB

In stating the industry or business, avoid the use of such general terms as "store," "factory," "milt," etc. the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arterioselcrosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
r contributory causes of importance:		Other contributory causes of importance:			
Istones	May 1,1923	Gastroenteritis	1 year		

N. B.-Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH In plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD MARGIN RESERVED FOR BINDIN ITH UNFADING INK--THIS IS A PERMAN PLAINLY, WRITE

V. S. No. 1

н	07384
PLACE OF DEATH	STATE OF MARYLAND
County allagamy WITHIN CORPORA	TE LIMITE (S) CERTIFICATE OF DEATH
2000	Registration Dist. No.
Village or City (No. 2003) 2FULL NAME	St: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH LL 2 , 1932 (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY That I attended the deceased from
(Nonth) (Day) (Year)	that I last sav h alive on , 192,
7 AGE O III LESS than	and that death occurred on the date stated above, at
Stillion. Frenchere I day hrs.	The CAUSE OF DEATH * was as follows:
yrs, 3' 2 mos. ds. or min.)	truester 1/2 moute,
(a) Trade, profession or	
particular kind of work (b) General nature of industry	
business, or establishment in which employed or (employer)	(Durstion)yrsmosde.
9 BIRTHPLACE	Contributory
(State or country)	Secondary (Duraion) yrs mog ds,
10 NAME OF	
FATHER amedies. E. Proles	(Signed)
0 11 BIRTHPLACE OF FATHER	(Address) Charles (Andress)
OF FATHER (State or country) Haner & grass Warylan 12 MAIDEN NAME	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Heles H Cearce	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER Newcostle.	At place of deathyrsmos,ds. Stateyrsmosds,
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of dea.h?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or
(Informant) allegant Tampital	usual residence
(Address) Adam Barland, Med	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed for 2 1923 & Harring Mun	20 UNDERTAKER ADDRESS
Registrar	Nestrayed
If more blanks are needed, address State Registral	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, cupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborcr," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially, in industrial employments, it is neces-Civil engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a worked on may form part of the second statement. report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many (b) Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," telanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions," use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid approved by (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, American Medical Association.) Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-(secondary or intercurrent) unqualified, is indefinite); Tuberculosis of lungs, menperitonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condicough; Committee on Chronic etc. affection need valvular heart disease; Nomenclature of the The contributory not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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	0/385
PLACE OF DEATH WITHIN CORPOR	STATE OF MARYLAND
County	@ CERTIFICATE OF DEATH
8 1 0 9 500.	Registration Dist, No. 4
Village or City (No. (No. Classes) 2FULL NAME Stillborn	St.: Ward) (If death occurred in a hospital or institution, give its NAME irstead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS.	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 2 , 193 2
6 DATE OF BIRTH	HEREBY CERTIFY, That attended the deceased from
(Mqath) (Day) (Year)	that last raw halive on, 192,
7 AGE Stellion Premature IfLESS than	and that death occurred on the date stated above, atm.
yrs. 312 mos. ds. or min.?	The CAUSE OF DEATH * was as follows:
BOCCUPATION	
(a) Trade, profession or particular kind of work	**************************************
(b) General nature of industry business, or establishment in	(D)
which employed or (employer)	(Duration)yrsmosds.
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF	(Durstion) yrs. mosds,
FATHER amedus E. Prolid	(Signed) M. D.
OF FATHER (State or country) Havey de gross, Warylow	Violed Causes, state (1) Means of Injury and (2) Whether
12 MAIDEN NAME	· Accidental, Suicidal or Homicidal.
of MOTHER Went It Pearse	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or Country) Newcoult.	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) allegany Hospital	Former or usual residence
(Address) Cumberland	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed 1981 Registrar	20 UNDERTAKER ADDRESS
	. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

SYSTEM BESTERVED NOS

(Approved by U. S. Census and American Public Health Association.)

Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken work, or At Home, and children, definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—coat mure, eve. wounder at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook. to report specifically the occupations of persons en-Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. (b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The materia not gainfully em-6) Grocery, Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, earbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-American Medical Association.) Recommendations on statement of cause of death Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	B	J	1	7	
1	-	· ·	3	1	-

PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

certificate.

See instructions on back of

of OCCUPA-

Exact statement

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF	F DEATH) INIAIN	LEVIAD		0.000
County	alleran	ne W	ITHIN CORE	POBATE LIMITS Registration Dist. No.	4
Village or C	ity de la se	There	and Tim	No 325 Shrugdalo	6-2/Ward
	6	wow.j.ca		death occurred in a hospital or institution, give its NAME instead of street	
Langth of rasio	dence in city or town where	daath occurred	yrsmos	ds. How long in U.S. If of foreign birth?yrs	mosds.
2. FULL NAI	ME belly	Mu	lenou	r	
(a) Residen	ce: No. 3 25 0	Strong	dale	St., 6 - 2 Ward.	****
PERSON	AL AND CTATICT	(Usual place of		If nonresident give city or tow	
3. SEX	AL AND STATIST	5. SINGLE, MARI		MEDICAL CERTIFICATE OF DEAT	I H
1	A. COLOR OR RACE		(write the word)	July 25	193
5a If married widow	rad or divorced	1		(Month) (Day)	(Үеаг)
5a. If married, widow HUSBAND of (or) WIFE of	au, or unvoiced			22. HEREBY CERTIFY, That I att	anded deceased from
	A			July- Vy 1932, to ply	1982
6. DATE OF BIRTH	month, day, and yaar)	yar 8	32 (last saw h ev aliva on July 7 , 19	daath Is said
7. AGE Year	rs Months	Days	If LESS than 1 day,hrs.	to have occurred on the data stated above, at _ Dm.	
	4	10	ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance were as follows:	Date of onset
8. Trada, profas kind of w SAWYER.	ssion, or particular work done, as SPINNER,			of the state of th	
SAWYER,	BOOKKEEPER, etc.			Alementative alessatures	July 15-32
Q work was	done, as SILK MILL, L, BANK, atc			Mulmilitions	
U 10. Date dacaase	ed last worked et	11. Total ti		menuelli ou	Jun -3 2
this occur	pation (month and	spen occu	t in this pation		
12. BIRTHPLACE (cit	la como	an Orea	Dana	Other Contributory Causes of importance:	
(State or coun		Ind	200		
13. NAME	lesone	2			
13. NAME 14. BIRTHPLACE	(city or town) MS 50	datorla	2a	Name of oparation Date	e of
(State or		A		What test confirmed diagnosis? Was thei	
监 15. MAIDEN NAI	ME murtle,	Flools	August Sea	23. If death was due to axternal causes (VIOL ENCE) fill in also the fol	
15. MAIDEN NAI	(city or town) Office	esations	~	Accident, suicida, or homicide? Date of injury	
≤ (State or			and	Whare did injury occur?	
17. INFORMANT	leavan	es Pitt	Tronis	(Specify city or town, county as Specify whether injury occurred In INDUSTRY, in HOME, or in PUBL	nd State)
(Address)	325 Jhr	in Rale			TENOL.
18. BURIAL, CREMAT	ION OR REMOVAL	0 1	a az	Manner of injury	
Place	Julie Va	Data Jul	9 7 -19	Nature of injury	
19. UNDERTAKER	Colesnon	o Pit	towner	24. Was disaase or Injury in any way ralated to occupation of decaasa	d? 771
(Addyass)	325 8hr	nadale	St	If so, spacify A	
20. FILED	86 1032 0	Takne o	March	(Signad) It letterson	
20.111			Registrar.	(Addrass) 213 Va. aut June	Island mil
	If more	blanks are needed, as	dress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person that no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	IDEM	1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago
	AUG-	1532		
Other contributory causes of imp	ortance:	UVE	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

1. PLACE OF DEATH	MARTEARD	CERTIFICATE OF DEATH	01000
County Allegan	OBBO	RATE LIMITS. Registration Dist. No.	4
Village or City Cumher	land	No. allegany Hohate	4 Was
Length of residence in city or town where dea		death occurred in a hospitator institution, five its NAME instead of street day. ds. How long in U.S. If of Greign birth?yrs	and number)
2. FULL NAME Ammo	1 Kalense Ti		
(a) Residence; No.	Jap-1 Oraco	St. Ward Comananille	Bud
(a) nesidence. No.	(Usual place of abode)	li nontesideni give city or town	and State
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATI	+
4. COLOR OR RACE 5	S. SINGLE MARRIED, WIDOWED, OR DIVORCED (rurise the word)	21. DATE OF DEATH 27	193 <u>2</u> (Year)
5a. If married, widowed, or divorced HUSBAND of			1 100
(or) WIFE of		22. Luly 2 By CERTIFY That atten	ded deceesed fr
6. DATE OF BIRTH (month, day, and yeer)	Var v 193	11 s saw h M alive on July 127 195	72; deeth is s
7. AGE Years Months	Pays If LESS than	to have occurred on the date stated above let 4-15 Pm.	
1 2	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance were as follows:	l Data dan
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	2 0	Coule Enlers Colely	1/26
4 9. Industry or business in which	, w, ,		
work was done, as SILK MILL, SAW MILL, BANK, etc.			
O 10. Date deceesed last worked at this occupation (month and	11. Total time (years) spent in this		
year)	occupation	Other Contributary Causes of Importance:	
12. BIRTHPLACE (city or town) (State or country)	d.		
13. NAME And Book	nett.		
14. BIRTHPLACE (city or town)		Name of operation home Date	of
(State of country)		Ed an incline	an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Mongton	23. If death was due to external causes (VIOL ENCE) fill In elso the follo	wing:
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Date of injury	, 19
(State or country)	1. de	Where did Injury occur? (Specify city or town, county and	State)
17. INFORMANT (Address)	melle	Specify whether injury occurred in INDÚSTRY, In HOME, or In PUBLIC	PLACE.
18. BURIAL, CREMATION, OR REMOVAL	On the second	Manner of Injury	
Place Arthurn Cut	Date 14 79, 19.37	Nature of injury	
19. UNDERTAKER Louis	leto due	24. Was disease or injury In eny way releted to occupation of deceesed	no
(Address)	and Mo	If so, specify	
20. FILED (129 1934 A Value	unell Man	(Signed)	() / M

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

PHYSICIANS should state

stated EXACTLY. properly classified.

be

AGE should be

Exact statement of OCCUPA-

V. S. No. 1 B. TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

STATE OF MADVI AND CEPTIFICATE OF DEATH

1. PLACE OF DEATH	AN CORPORA	TE LIMITO (BY)		U	(00)
County Klegan			Registration Di	st. No.	
Village or City. Consultation	(If deat	No. 2/J a	eley ion, give its NAME is	St.,	Ward
Length of residence in city or town where death occurred	_yrsmos	ds. How long in U.S. if of	foreign hirth?	yrsn	nos ds.
2. FULL NAME William L	3 KObs	nelle			
(a) Residence: No. 2/5 Fally (Usual place of		St., 3 Ward.	If nonresident give	e cily or town and	State
PERSONAL AND STATISTICAL PARTIC	ULARS	MEDICAL CI	ERTIFICATE O	OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED OR DIVORCED		DATE OF DEATH	(Month)	(Day)	, 193 (Year)
5a. If married, widowed, or divorced HUSBAND of	0 22.	LHEBERY	CERTIFY.	That I attended	desent from
(or) WIFE or 7 lora m Rein	al ".		193/ , to 1	- attended	19 3 2
6. DATE OF BIRTH (month, day, and year)	- 7-1869 Gr	last saw h alive on.	hal 14	19.5.2	; death is said
7. AGE Years Months Days	*	have occurred on the date stete	d above, at / 23	Zum.	
63 1 28	1 day,hrs. TI	he PRINCIPAL CAUSE OF DEAT ere as follows:	H and related causes	of importance	Oate of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Causes SAWYER, BOOKKEEPER, etc.	Worken	Chronic	well	viles	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. ondustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	7	Elmi In	135	Eyound	-
11. Total time	in this				
and	0	ther Contributory Causes of Impo	rtance:		
12. BIRTHPLACE (city or town) (State or country)			·		
I 13. NAME Seo & Robin	retto				
13. NAME Leo 12. Strain 14. BIRTHPLACE (city or town)	0 N	ame ef operation		Date of	
(State of country)	W	hat test confirmed diagnosis?		Was there an	autopsy?
# 15. MAIDEN NAME Harriet Wiel	liron 23.	. If death was due to external cau	ses (VIOLENCE) fill i	n also the followin	g:
0 16. BIRTHPLACE (city er town)		ccident, suicide, or homicide?	Da	te of injury	, 19
(State or country)	0-1	/here did injury occur?	(Specify city or to		
17. INFORMANT Have to the (Address) 2/5 Valley St. C.	efla s	pecify whether injury occurred Ir	INDUSTRY, in HOM	E, or in PUBLIC PI	LACE.
18. BURIAL, GREMATION, OR REMOVAL	J	lanner of injury			
Plate gan meaclour andre ful	7.,193.2 N	lature of injury			
19. UNDERTAKER	Q 0 1 24.	. Was disease or injury in any w	ay related to occupati	on of deceased?	Ho
(Address) Journ Seute	movertanos	so, specify	e1.		
20. FILEDERLY 7, 183 V Harrisoft	Merria	(Signed)	u mu	rang	M. D
0 /	Registrar.	(Address) 4/7	and to c		(

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DECENT.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
RURBAU			
		ν	

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	20 6 PM		
70 10	150 2 2 2 2	555	
do h %	a de la contraction de la cont	40	

Registrar

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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MARGIN

(Approved by U. S. Census and American Public Health Association.)

the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many tired 6 yrs). state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Spinner, (b) Colton mill; (a) Salesman. nature of the husiness or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

accident; Revolver wound of head-homicide; Poisoned by telanus) may be stated under the head of "contributory." tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury, diseases resulting from childbirth or miscarriage as "(Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," elc. can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage," Whooping cough; (Recommendations on statement of cause of death Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic valvular etc. The contributory Always qualify all heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Village or	Allegany, City Cumberla	nd, Md.	(1f	Registration Dist. No. No. Memorial Hospital St., 6 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
				. 24 ds. How long In U.S. if of foreign birth?mosds.
2. FULL N	AME Mr. Wil	liam H.	Rose,	
(a) Resid	ence: No. BEDFOR	D VALLEY	PENNA.	St., Ward. If nonresident give city or lown and State
PERSO	NAL AND STATIST			MEDICAL CERTIFICATE OF DEATH
3. SEX MALE	4. COLOR OR RACE WHITE	5. SINGLE, MARI OR DIVORCED	RIED, WIDOWED. O (write the word) EDOWED	21. DATE OF DEATH JULY (Month) (Oay) 5, 193 (Year)
5a. If married, wid HUSBANO of (or) WIFE of				22. HEREBY CERTIFY, That I atlended deceased from
A DIFF OF SIDE			LO 40	I last saw h km alive on fully 10, 1932, death is said
7. AGE	(oars Months	Days	ff LESS than 1 day, hrs. or min.	to have occurred on the date stated above, at
9. Industry of work of SAW M	f work done as SPINNER, ER, BOOKKEEPER, etc ER, BOOKKEEPER, etc In business in which was done, as SILK MILL, MILL, BANK, etc wased last worked at coupation (month and		MERCHANT me (years) it in this pation	artific solucio
12. BIRTHPLACE (State or co	(city or town) ountry) PENNSYLV	ANIA,		Other Coutributery Causes of importance:
13. NAME	HENRY ROSE,			sent gangetine
✓ 14. BIRTHPLA (Stata	or country) PENNS	YLVANIA,		Name of operation
15. MAIDEN	NAME TALITHA	ASH,		23. If death was dua to external causes (VIOLENCE) fill in also the following:
	CE (city or town) or country) PENN	SYLVANIA		Accident, sulcide, or homicida?0ata of Injury19
17. INFORMANT _ (Address)	MEMORIAL HOS CUMBERLAND			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
Plac B	orte Settuesal		Ly 18, 1932	Manner of injury
19. UNOERTAKER (Address)	Jamis Stein	In ma	ylund	24. Was disease or injury in any way related to occupation of deceased?
20. FILENCE	1 18,1937	Varuej	Registrar.	(Signed) f (Address) M. O. M.

WILSON

PLAINLY,

-WRITE

V. S. No. 1

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Example I	and the second s	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RECI	1-FW(12)	4	
Other contributory causes of importance:	1 1606	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
RURE.	1 1 3		

of OCCUPA.

of infor-

		MARYLAND-	CERTIFICATE OF DEATH	361
1. PLACE (WITHELOORPE	ATE LANGE Pagistration Dist. No.	4
Village or	Allegany, City Cumberlar esidence in city or town where deal	,	No. Nemonial Hospital St., 6 If death occurred in a hospital or institution, give its NAME instead of street and num is. 3 ds. How long In U.S. if of foreign birth? mos.	
2. FULL NA	AME Newton S	Savage.		
	ence: No. FRiends		St., Ward. If nonresident give city or town and Sta	ate
PERSO	NAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Male	4. COLOR OR RACE 5	. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH	93 2 (Year)
5a. If married, wide HUSBAND of (or) WIFE of	owed, or divorced Mary DeWi	Ltt,	22. I HEREBY CERTIFY. That I attended dec	ceased from
7. AGE Y	ears Months	Deg. 26. 1875 Days If LESS than 1 day,		leath is sald
Pack of SAWYE Work w SAW M	fession, or particular work dona, as SPINNER, R. BOOKKEPER, etc r business in which vas done, as SILK MILL, IILL, BANK, etc ased last worked at cupation (month and	Farmer 11. Total time (years) spent in this occupation	Pulmonary o'dema Ornshed Chest	Data of onset
12. BIRTHPLACE ((State or co	ountry) Marylar	The state of the s	Other Contributer Conses of Importance: Torred by a bull	
# 14. BIRTHPLA	A. A. Savage CE (city or town) or country) Maryle		Nama of operation	opsy?
	CE (city or town) or country) Mary		23. If death was dua to external causes (VIOLENCE) fill in also the following: Accidant, sulcide, or homicide? Level Date of injury to the wind the sulcide of the sulcide	(,193 L
17. INFORMANT (Address)	Cumberland N	spital,	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	Ε.
Place Er	ation, or removal ciendsvilleM	OateJly-,-2018-32	Manner of injury	
NO 19. UNDERTAKER	W.W.Savage.	77.	24. Was disease or injury in any way related to occupation of deceased?	

Gracie

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

Registrar.

(Addrass)

V. S. Mo. 1

ż

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Example I			Example II	
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Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	The state of the s	1921 _	Run over by street car	1 week ago
Cerebral hemorrhage	REC	July5,1927	Perilonitis	3 days ago
		- A		
Other contributory causes of importa	nce:	0 1302	Other contributory causes of importance:	
Gallstones	PIRI	May 1,1923	Gastroenteritis	1 year
		-		

for all lubrers	teon a C	Viennae.	MAN	09/2	utle Bl	e Dov.	Lorm	# 2 unde
0			1	0		(
"Srkie" 4/2	1/32 - my							

TION is very important. See instructions on back of certificate.

STATE	OF	MARYL	AND-	-CERTII	FICATE	OF	DEATH

		0	INTL O	1 1411.71.7	ILMID	CERTIFICATE OF DEATH	11 (5)
1	. PLACE	OF DEA	TH	WIT	A LA MAVERDEZA	93-2	
	County	ALI	LEGANY	VVI	UNKERCHINE	Registration Dist. No.	defe
	Village of	r City	CUMBERL	AND,		No. MEMORIAL HOSPITAL St.	6 - Ward
	Length of	residence in ci	ity or town where de	eath occurred		death occurred in a horpital or institution, give its NAME instead of street ds. How long In U.S. if of foreign birth?	
	. FULL N	AME	JOSEPH	SCHLEY	7		
	20	lence: No.				ityn., 5 Ward.	
	(a) nesic	rence. No	LOZ_N	(Usual place	of abode)	If nonresident give city or town	and State
	PERSO	DNAL AN	D STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEAT	Н
	SEX MALE		DR OR RACE		RED, WIDOWED, D (write the word)	21. DATE OF DEATH July 16, 1932 (Month) (Day)	, 193 (Year)
5a.	If married, wid HUSBAND o (or) WIFE of	f D	ABE HALL			22. HEREBY CERTIFY, That I atter	11
6	DATE OF BIRT	W (month da	v and wass) J	ANUARY			1932; deeth is said
		Years	Months	Deys	If LESS than	to have occurred on the data stated above, at 8:52PM	
		71			I day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	1
z	8. Trade, pro	ofession, or p	articular as SPINNER,	COOK		4.4	Date of onset
TION	SAWY	ER, BOOKKE	EPER, etc.	COOK		Chamie Klyocondele	0
UPA	work	or business in was done, es : MILL, BANK,	SILK MILL,				***-
200	10, Date deci	eased last wo	rked at	11. Total t	ime (years)	· · · · · · · · · · · · · · · · · · ·	
		ccupation (mo			nt in this upation		
12.	BIRTHPLACE (State or c		PENNSY	LVANIA		Other Contributory Causes of importance:	~~~
ER	13. NAME	JOSE	PH SCHLE	Y			
FATHER	14. BIRTHPLA	ACE (city or to	VIR	GINIA		Name of oparetion Date	of
H		or country)				What test confirmed diagnosis? Was there	
ER	15. MAIDEN	NAME ST	USAN FOO	T		23. If death was due to external causes (VIOL ENCE) fill in also the follow	
MOTHER	16. BIRTHPLA	ACE (city or to	OWA) VIR	GINIA		Accident, suicide, or homicide? Date of Injury	, 19
Σ	(Stete	or country)				Where did Injury occur? (Specify city or town, county and	State
17.	INFORMANT(Address)	MEMOR:	IAL HOSF	PITAL MAND. MA	ARYLAND	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLI	C PLACE.
18.	BURIAL CREW	MATION, OR		Date de	ely 19, 1932	Menner of injury	
		1-	01. 5	2-11	B		
19.	(Address)	- /	zus g	regine	The I	24. Wes disease or injury in any way related to occupation of deceased	
	10	110	2 y	Patrica	7/m.	(Signed) William Kung	M. D.
20.	FILED	,	19	aneg	Registrar.	(Address) 1.27 Ad Culty	0
L	. B. M	ATHEW	S If more b	blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	y la

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I I	Example I		Example II		
The principal cause of de of importance were as fol	ath and related causes lows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis		1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	A company of the second	-~ 1921	Run over by street car	1 week ago	
Cerebral hemorrhage	RECEIVE	July 5,1927	Peritonitis	3 days ago	
	- AIG 8 1892				
Other contributory causes	of importance:	(ji	Other contributory causes of importance:		
Gallstones	BUREAU V.	May 1,1923	Gostroenteritis	1 year	
	The state of the s				

Exact statement of OCCUPA-

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—O	CERTIFICATE OF DEATH
1. PLACE OF DEATH UITSI	de or
County Allegary	mits Registration Dist. No. 4
Village or City man land	No. Santas Fall St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	
2. FULL NAME Charles M. Schol	madel o o
(a) Residence: No. (Usual place of abode)	St., Ward. Ransworlank And If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OF DIVORCED (write the word)	21. DATE OF DEATH LLey 29 193 2 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. JHEREBY CERTIFY That attended deceased from
6. DATE OF BIRTH (month, day, and year) Lee 31, 1857	West saw h Alemalive on July 19 1, 1942, death is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above fat T. SUP. m.
60 6 29 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade, profession, or particular kind of work done, as SPINNER, Iracksman. SAWYER, BOOKKEPER, etc	1932
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and year) spent in this occupation occupation	
la 1a	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Peter Schrinadel	
13. NAME The description of the state of the	Name of operation. Nove Date of
(State of country)	What test confirmed diagnosis? Examination Was there en autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) Car Value 2.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OF REMOVAL	Manner of injury
Place It Piter & Parls low Ong 1, 1932	Neture of injury
19. UNDERTAKER Amostem Inc. (Address)	24. Was disease or injury in any wey related to occupation of deceased? The
20. FICEling 1 103 2 Harry Herry	(Signed) USK Hodge J. M. D.
Registrar. If more blanks are needed, address State Registrar, 2	(Address)

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL.	SPACE	FOR	FHDTHED	STATEMENTS	DV	DUVCICIA	. 7.
ADDITIONAL	SPACE	ruk	FURTHER	STATEMENTS	15 Y	PHYSICIA	IN

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforstated EXACTLY. PHYSICIANS should state of OCCUPA-Exact statement properly classified. See instructions on back of certificate. pe AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. N. B.-WRITE PLAINLY, WITH TION is very important.

STATE OF MARYLAND-CERTIFICATE OF DEATH

	1. PLACE OF	F DEA	TH			<u> </u>	11002			
	County		Allegany	WIT	HIN CORPOR	RATE LIMITS Registration Dist. No.	4			
	Village or C	itv	Cumber			No. Memorial Herfelakt.	- Ward			
		,				death occurred in a hospital or institution, give its NAME instead of street and				
	Length of resi	dence in	city or town where	leath occurred	yrs,mos	ds. Haw long In U.S. if of foreign birth?r	nosds.			
	2. FULL NAI	ME	Atel	bests	V She	affer				
	(a) Residen	ce: No.	0.535		I TO THE	St., " Cr. CWard.	LC.			
-	PERSON	A1 A1	ND STATIST	(Usualpiace		MEDICAL CERTIFICATE OF DEATH	il State			
3.	SEX		OR OR RACE		RIED, WIDOWED.	21. DATE OF DEATH				
			white		D (write the word)	J11777 6	, 193 🤉			
5a	. If married, widow	1				(Menth) (Oby)	(Year)			
	HUSBAND of (or) WIFE of		XXXXXXX	YYYYYY	V-	22. I HEREBY CERTIFY, That I attended	deceased from			
-			244444444		A	, 19, to	, 19			
6.	DATE OF BIRTH	month, d	ay, and year)	/6/32.		I last saw h aliva on, 19	; death is said			
7.	AGE Yea		Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.				
_	prematu	remature, stillbo		orn or min.		The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Oate of onset			
N	8. Trada, profes	sion, or	particular a, as SPINNER, EEPER, etc							
OCCUPATION	SAWYER,	BOOKKE	EPER, etc			Case of extra-uterine				
UP.	9. Industry or work was SAW MIL	done, as	SILK MILL,			n re dry on a tr				
S	Oata decease	ed last w	orked at	11. Total t	ime (yaars) ntin this	pregnancy.				
	11 (1113 0000	, , , , , , , , , , , , , , , , , , ,			upation	Other Contributory Causes of importance:				
12	2. BIRTHPLACE (cit	y or town	o Cu	mberlan	đ	Other Contributory Causes of Importance:				
	(State er cour	itry)		24 -24	116.					
ER		Cercy	lied mes	Chelland	Shaffer					
ATH	14. BIRTHPLACE	(city or	town)	eyest	14.6	Name of operation Data of_				
_	(State or	country)	-	1 92	7. /a	What test confirmed diagnosis? Was there en	autopsy?			
MOTHER	15. MAIOEN NA	ME E	Eva Chri	stine C	hristian	23. If death was due to external causes (VIOLENCE) fill in also the following	ng:			
10	16. BIRTHPLACE	(city or	town) Cla	rksburg	W. Va.	Accident, sulcide, or homicida? Data ef injury	, 19			
Σ	(State or	country))	/		Where did Injury occur? (Specify city or town, county and St				
17	7. INFORMANT	Read	urgal	Thos	betal	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	LACE.			
18	(Address) B. BURIAL, CREMAT	ION, OR	REMOVAL	und.	ma	Manner of injury				
	Plage Mess	uws	val Moe	6. Data Lee	lef 6, 1937	Nature of injury				
		m	la la	1881)	1.1	24. Was disease or injury in any way related to occupation of depeased?				
15	9. UNOERTAKER	1. ply	maria	sland	mas	If so, specify				
	1/20	1/2	2N (Var	19000	(Signed) Of Hell Cut	M. D.			
20	O. FILED		, 1932. 7	varuei (Registrar.	(Address)				
CARR				-						

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Example I		the same of the sa	Example II	
The principal cause of death and rel of importance were as follows:	ated causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	1	July 5, 1927	Peritonitis	3 days ago
	REC	EME		
Other contributory causes of import	ance:	6 1449	Other contributory causes of importance:	
Gallstones	BURE	May 1,1923	Gastroenteritis	1 year

Exact statement of OCCUPA.

stated EXACTLY. properly classified.

AGE should be

pe

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CAUSE OF DEATH in plain terms, so that it may

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B.—WRITE PLAINLY,

STATE OF MARYLAND—CERTIFICATE O	F DE	EATH
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1. PLACE OF DEATH	6005			
County ALLEGANY WITHIN CORPORATE LIMITS Registration Dist. No.				
Village or City CUMBERIAND, MD. No. MEMORIAL HOS PITAL St., 6 - 2 Ward				
(If death occurred in a hospital or institution, give its NAME instead of street and number)				
Length of residence in city or town where death occurredyrs,mos/ds. How long in U.S. if of foreign birth?yrs,mos	ds.			
2. FULL NAME ALBERT SHEARS				
(a) Residence: No. SYLVAN RETREAT St., Ward. (Usual place of abode) If nonresident give city or town and St.	tate			
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	Tale C			
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (white the word) 21. DATE OF DEATH July 13, 1932 (Month) (Day)	193			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ANNA RUNYON 22. I HEREBY CERTIFY, That I attended de	ceesed from			
6. DATE OF BIRTH (month, day, and year) SEPT . 17 1870 last saw harman elive on 7 - 12 - 1932;				
7. AGE Years Months Deys If LESS than to have occurred on the date stated above, et _6:40AM.				
6] 9 16 1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows	Date of onset			
Trade explansion or particular				
SAWYER, BOOKKEEPER, etc.				
work was done, es SILK MILL,				
U 10. Date deceased last worked et 11. Totel time (years)				
this occupation (month and spent in this occupation				
12. BIRTHPLACE (city or town) MARYLAND (State or country)				
	*			
14. BIRTHPLACE (city or town) WEST VIRGINIA Name of operation Dete of (State or country) What test confirmed diagnosis? West there an aut	In The			
	opsystem .			
15. MAIDEN NAME MARY S. SMITH 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of Injury Chair or exercise.	19			
Where did injury occur?				
(Specify city or town, county and Steperify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PICTURES) (Address) (Address) (Specify city or town, county and Steperify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PICTURES)				
18. BURIAL, CACMATION, OF REMOVAL AND Aste 7/13, 182 Manner of Injury. Nature of Injury.				
19. UNDERTAKER Porcio Stare deceased? 24. Was disease or Injury In any way related to occupation of deceased?	na			
(Address) Received Mod It so, specify	/			
20. FILEDE Les 13, 1634 Habelet Dec (Signed) 1 My There was				
Registrar. (Address) - Attribution of the Market of the Ma	W.			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
R	ECPL		
Other contributory causes of importance:	100 B	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
1	TREAT	V. S. 1	

V. S. Mo. 1 m

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OCCUPATION

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FATHER

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20. FILE

STATE OF MARYLAND—CERTIFICATE OF DEATH			
PLACE OF DEATH	(87)		
County Allerhamy WITHIN CORP	ORATE LIMITS Registration Dist No. 4		
Village or City Ossmberlow 1	ND. 5 03 Mard death occurred in a hospital or institution, give its NAME instead of street and number)		
	dead occurred in a hospital of nonlinearing give instruction in steed and damber) ds. How long in U.S. if of toreign birth?yrsmosds.		
FULL NAME KOASPER (& Shalve			
(a) Residence: No. 508 M. Mechanic	St., Ward.		
(Usual place of abode)	1f nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
EX A. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, White Street Course the word)	21. DATE OF DEATH (Month) (Day) (Year)		
If married, widowed or divorced HUSBAND of WIFE of arganet Shober	22. I HEREBY CERTIFY. That I attended deceased from		
DATE OF BIRTH (month, devend year) 70 1457	I lest saw harmalive on 22 4 1, 1932 death Is said		
GE Years Months Days If LESS than	to have occurred on the date stated above, at		
75 4 15 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as tollows: Date of onset		
8. Trade, protession, or particular kind of work done, es SPINNER,	Commo		
SAWYER, BDOKKEEPER, etc	Maden drawing		
SAW MILL, BANK, etc 10. Oata deceased last worked at this occupation (month and yaar) 11. Total tima (years) spent in this occupation (month and yaar)			
BIRTHPLACE (city of town) Cumberland	Other Contributory Causes of importance:		
13. NAME John M. Shober	with applilis		
14. BIRTUPLACE (city or town) Sermeny	Name of operation Purcling of Washington agent 13/2		
(Stata or country)	What test confirmed diagnosis? Was there an autopsy?		
15. MAIDEN NAME Hary W. Hersch	23. It death was dua to external causes (VIOL ENCE) fill in also the tollowing:		
16. BIRTHPLACE (city or town) Germany	Accident, suicide, or homicida? Data ot Injury		
(State or country)	Where did injury occur? (Specify city or town, county and State)		
(Address) 503 n, mechante It	Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.		
BURIAL, CREMATION, OR REMOVAL	Manner ot injury		
Place SS. Tileso Tenls entry Date July 7 4,1932	Natura ot injury		
UNDERTAKER Jacob Tafor	24. Was diseasa or Injury In any way related to occupation of deceased?		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

(Signed)

(Address)

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E	xample I		Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	and the second second	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	11-11-11-11-1	1921	Run over by street car	1 week ago
Cerebral hemorrhage	a plan and and	July 5,1927	Peritonitis	3 days ago
	AUG 6 1892			
Other contributory causes	of importance: v		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF DEATH	-CERTIFICATE OF DEATH
County Illegary.	Registration Dist. No.
Village or City Brole Mones	No. SV Ward
Langth of residance in city or town whera daath occurredyrs	(If death occurred in a hospital or institution, give its NAME instead of street and number) mosds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME TONY Show	1. Sec. +
(a) Residence: No. Bonden Wing	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word Marrie L	21. DATE OF DEATH (Month) (Day) (Year)
5a. It married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Shurkhar	July 4 LIST to July 6 132
6. DATE OF BIRTH (month, dey, end year) Unleaven	Wast saw hely alive on July 6 , 1932; death is sal
7. AGE Yaars Months Deys If LESS that I day, or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	acute Descripting 7/4/3
9. Industry or business in which work was dona, es SILK MILL, SAW MILL, BANK, atc	
11. Total tima (years) this occupation (month and year) occupation 12. Total tima (years) spent in this occupation occupation	
12. BIRTHPLACE (city or town)	Olhar Contributory Causes of importance:
(State or country) Benter Country.	- Chrome Myo-carditi Enkno
13. NAME Morgroom Watkins	
14. BIRTHPLACE (city or town)	Name of operation Now Date of
~ (((((((((((((((((((What test confirmed diagnosis? Clemed Was there en eutopsy?
16. BIRTHPLACE (city or town) Unlaway	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicida, or homicide?
17. INFORMANT Joseph Shuchhart	Where did injury occur? (Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Addrass) O & de de Turis 18. BURIAL, CREMATION, OR REMOVAL	Managed Indiana
Place Polis Cent Date My 10 Has	Menner of injury
19. UNDERTAKER Jacof Pagelo	24. Was disease or injury in eny wey related to occupation of daceasad?
20. FILED 7/9 1932 G. R. Nauken	(Signed) Clock Stiles M.
Registrar	(Addrass) 22 C. Man Mr Mothey

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Chronic interstitial nephritis	1921	Run over by street ear 1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis 2861 9 31 3 days ago
		GENED
Other contributory causes of importance:		Other contributory causes of importance:
distones	May 1,1923	Gastroenteritis 1 year

	The state of the s	
The second secon		

stated EXACTLY. PHYSICIANS should state

of OCCUPA.

Exact statement

properly classified.

AGE should be

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

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STATE OF	MARYLAND-	CERTIFICATE	OF DEAT
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(21)
County ALLEGANY WITHIN CORI	PORATE LIMITS Registration Dist. No.
Village or City CUMBERLAND	No. MEMORIAL HOSPITAL St., 6 - Ward
(If Length of residence in city or town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
	3. 104 (ong in 0.01) of lotting 0.111
2. FULL NAME J. WALTER SILLS	
(a) Residence: No. 404 HILL STREET (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX MALE 4. COLOR OR RACE OR DIVORCED (swrite the word) MARRIED	21. DATE OF DEATH July (Day) 193 2 (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of KATHERINE SHAFFER	22. I HEREBY CERTIFY, Dat I attended deceased from 14 1937 to July 14 1937
6. DATE OF BIRTH (month, day, and year) AUGUST 21 1668	Chast saw have alive on July (21 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date rated above, at 9:35Am.
63	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
& Trade profession or particular	Could Deff Trulouly 7.1232
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. MACHINIST	Thous Gouldruous supting
kind of work done, as SPINNER, MACHINIST SAWYER, BDDKKEEPER, etc. 9. Mdustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	apprediciting -
SAW MILL, BANK, etc	
O Date deceased last worked at this occupation (month and year) year)	
12. BIRTHPLACE (city or town) MARYLAND	Dther Contributory Causes of Importance:
(State or country)	
TI 13. NAME JOHN SILLS	DA LO Suma
13. NAME JOHN SILLS 14. BIRTHPLACE (city or town) MARYLAND (State or country)	Name of operation Date of 7 - (4.3)
(otate of country)	What test confirmed diagnosis Wes there a autopsy?
15. MAIDEN NAME CATHERINE RECKLEY	23. If death was due to external cruses (VIDLENCE) fill In also the following:
15. MAIDEN NAME CATHERINE RECKLEY 16. BIRTHPLACE (city or town) MARYLAND (State or country)	Accident, suicide, or homicide?
17. INFORMANT MEMORIAL HOSPITAL (Address) CUMBERLAND. MD.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL Place of duties leve Date July 23, 1932	Manner of Injury
19. UNDERTAKER Jouis Stail The	24. Was disease or Injury In any way related to occupetion of deceased?
20. Joely 22 1824 Harry Almi	If so, specify (Signed) (Signed) (Signed) (Signed)
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I			Example II		
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Chronic interstitial nephritis		1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	RECE	July 5,1927	Peritonitis .	3 days ago	
	MIG 6	AND THE			
Other contributory causes of	importance:		Other contributory causes of importance:		
Gallstones	BUREA	May 1,1923	Gastroenteritis	1 year	
	7-27				

--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See jnstructions on back of certificate. PERMANENT RECORD BINDING IS A FOR WITH UNFADING INK--THIS MARGIN RESERVED PLAINLY,

	04307
PLACE OF DEATH	STATE OF MARYLAND
County Allegany	GERTIFICATE OF DEATH
	Registration Dist, No.
MIT (27,0 11.	
Village or City Wed Lawn (No. 1), 100	St.: Ward) (If death occurred in a hospital or institu-
ct + 9 c.	tion, give its NAME in- stead of street and
2FULL NAME D'lewars Lee Dis	MMONS) stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SCINCLE	16 DATE OF DEATH
WIDOWED, Vidowed	July 27 , 1932
Male While (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Delist 6 1864	May 10 1989 to facly 1 , 1999.
(Month) (Day) (Year)	that I last saw him alive on fully , 1922,
7 AGE [If LESS than	and that death occurred on the date stated above, at
l day hrs.	The CAUSE OF DEATH * was as follows:
67 yrs. 10 mos. 20 ds. or min.?	
B OCCUPATION (a) Trade, profession or	Chronic indocardilis
particular kind of work	
(b) General nature of industry business, or establishment in	(Duration) 3 yrs. 9 mos ds.
which employed or (employer)	
9 BIRTHPLACE (State or country)	Contributory Secondary
(State of country) ba,	(Duration)ds,
10 NAME OF FATHER ()	(Signed) A.P. Dariga M.D.
John M. Dummons	July 281929 (Address) Filintstone
OF FATHER	A second
C (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
Y 12 MAIDEN NAME	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
of MOTHER Vandevander	ients or Recent Residents)
OF MOTHER 4/0	At place of death yrs mos, ds. In the State yrs mos, ds.
(State or Country).	Where was disease contracted, if not st place of death?
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or
(Informant) Clarence & Summons	usual residence
(Address) Filintstone My	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
-11 11 70 30 7847	20 UNDERTAKER / ADDRESS
15 Filed Kelly A9 1922 & Securell	1 The A 1/- Land
Registrar	to har Al 110 dillo
If more blanks are needed, address State Registrat	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

BUTCH COM

V. S. No. 1

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(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (o) business, that fact may be indicated thus; Furner (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Ilouscuife, Houseen at home, who are engaged in the duties of the Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stotionary fireman, etc. But in many the first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons en household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, "," etc., Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on yrs). Farm loborer, Loborer-Coal mine, etc. Wom-(b) Cotton will, (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material without more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the pissease causing death (the primary affection with respect to time and causation), using always the same accepted te in for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pincumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. as fracture of skull, and consequences (e.g., sepsis, curbolic acid-probably suicide. Then ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Mcasles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by Examples: A coidental drowning; Struck by roilway traintaken. FOR VIOLENT DEATHS STATE MEANS OF INJURY "Uraemia," "Weakness," etc., when a definite disease (secondar; or intercurrent) affection need not be American Medical Association.) Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, perilonacum, etc., Corcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid cough; Chronic valvulor heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

See instructions on back of certificate.

TION is very important.

20. FILE Back

of OCCUPA-

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	PORATE LIMITS (196-2)
County Allegany cloud	Registration Dist. No.
Village or City Cumberland Md	No. allegen Hackital St. 4 Ward
La College	death occurred in a popital or institution, give its NAME instead of street and number)
Length of rasidance in city or town whare death occurred yrs, mos.	ds. Haw long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Carrie Smith	
(a) Residence: No. 703 aldtown (d	St., 6-/ Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
temale I hite Single	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	U l
(or) WIFE of	22. I HEREBY CERTIFY. That I attanded daceased from
74 . 16	10 ,1932, 10 ,11 ,1932
6. DATE OF BIRTH (month, day, and year) Nov. 13 1883	I last saw h. 9 elive on 19.3.2; daath is said
7. AGE Yaars Months Pays If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
ry peats. 5 78 ormin.	ware as follows:
8. Trada/profassion, or particular kind of work done, as SPINNER,	
SAWYER, BOOKKEEPER, atc.	Can messelial refinition
work was done, as SILK MILL, Boarding Leone, SAW MILL, BANK, etc.	
11. Total tipe (years) spanish this occupation (month end spanish this occupation conditions)	
.0	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (Stata or country)	110000000000000000000000000000000000000
13. NAME Creaces &	to content to my once constitutions.
- January	with the same to free
(Stata or country)	Name of operation
15. MAIDEN NAME HORAGE Mayor	What test confirmed diagnosis? Det to the Was there an autopsy? No.
13. WAIDEN NAME	23. If deeth was due to external causes (VIOL INCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	(Specily city or town, county and State)
17. INFORMANT Many Hay	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) 3 addour Rd 18, BURIAL, CREMATION, OF PREMOVAL	1000
Place Mt Debours Aposto Sel 12 19 37	Manner of Injury Ill during usem attack
1100-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	Nature of Injury Lace also of scalf: Concussion
19. UNDERTAKER June Stew Auc	24. Wes diseasa or Injury in any way ralated to occupation of decaasad?
(Addyass) temborland mo	If so, specify

36 Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:		
dunitorico	May 1,1925	Gastroenterins	1 year	

1			

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	920
County Allegany.	Registration Dist. No.
Village or City Cushlin	NoSt. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsds.
2. FULL NAME Catherine Smit	1
	Ch Ward () () () ()
(a) Residence: No(Usual place of abode)	St., Ward. St., If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, On DIVORCED (price the word)	21. DATE OF DEATH (Month) (Oey) (Yeer)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Jessie Smeth	22. I HEREBY CERTIFY. That I attended decessed from Ill 26 26 1932, to July 27 , 1932
6. DATE OF BIRTH (month, dey, and yeer) Unlessour	I lest sew her alive on July 277 , 1932; deeth is said
7. AGE Yeers Months Oays If LESS than I day,hrs.	to heve occurred on the date steted above. The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance
8. Trade, profession, or particular	were es follows: Date of oneet
kind of work done, as SPINNER, A Home	Choleory shehrs & Choleolethides?
9. Industry or business in which work wes done, as SILK MILL,	Y
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete deceesed last worked at this occupetion (month and year) year) 11. Total time (years) spent in this occupetion.	
12. BIRTHPLACE (city or town) (Stete or country)	Other Coutributory Couses of importence:
// V	
E //www	Name of operation. Hone Oate of
14. BIRTHPLACE (city or town) - Unlease	What test confirmed diegnosis? Ligar Laface was there en eutopsy? MO.
15. MAIDEN NAME Catherine Saylor	23. If deeth wes due to externel causes (VIOL ENCE) fill Is elso the following:
16. BIRTHPLACE (city or town) - Bedford Co.	Accident, suicide, or homicide? Dete of injury, 19
17. INFORMANT Morr Ell. Theof	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL PROPERTY PROPERTY 1932	Manner of injury
19. UNDERTAGE TOLLIS Start John	24. Was disease or injury in any way releted to occupetion of deceesed? MO
20. FILEO J. 1932/ Wanter Registrar.	(Signed) Bailey Hunter M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, inining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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should be stated EXACTLY, PHYSI-ENT RECORD PERMA CE K IS of information should be carefully supplied ITH UNFADING INK--THIS MARGIN RESERVED WRITE PLAINLY. B.-- Every Item

PLACE OF DE				STATE
County Oll	regary			CERTIF
4	() 0		(a)	Regio
Village or City Von	senny (No.			St.:
2FULL NAME			<u> </u>	mith
PERSONAL AND	STATISTICAL PARTIC	ULARS	MEDI	CAL CERTIF
3 SEX 4 COLO	R OR RACE SINGLE. MARRIED. WIDOWED. OR DIVORCE (Write the wol	:D	IS DATE OF DEAT	full
6 DATE OF BIRTH	rely 29th	, 1932	July 29	SY CERTIFY, T
	(Month) (Day)	(****)	hat I last saw h	La Citation
7 AGE	rsmos		The CAUSE OF DE.	
8 OCCUPATION (a) Trade, profession of			Sporta	ulars
			//	
	<			54 our 954 000 000 000 000 000 000 000 000 000 0
particular kind of work (b) General nature of in business, or establishme	ndustry			(Durs
particular kind of work (b) General nature of in business, or establishme	ndustry ent in ployer)		Contributory Secondary	
particular kind of work (b) General nature of i business, or establishme which employed or (em	ndustry		Contributory	m so
particular kind of work (b) General nature of it business, or establishme which employed or (em) BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country)	ndustry ent in ployer)		Contributory Secondary	(Dura) n S
particular kind of work (b) General nature of it business, or establishme which employed or (em) BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER C (State or country) 12 MAIDEN NAME OF MOTHER	ndustry ent in ployer)		Signed 4-State the Violent Causes, Accidental, Suicids	(Address) Discase Causin state (1) Mea or Homicidal.
particular kind of work (b) General nature of it business, or establishme which employed or (em) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER	nduetry ent in ployer) Nacyland Nacyland Mayland Betty Klepste	in the second se	Signed *State the Violent Causes, Accidental, Suicida	(Address) Discase Causin state (1) Mea al or Homicidal. RESIDENCE (For Residents)
particular kind of work (b) General nature of it business, or establishme which employed or (em 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country)	modustry modustry modustry maryland Maryland Betty Klepste Maryland Maryland	in the second se	*State the Violent Causes, Accidental, Suicid:	(Address)
particular kind of work (b) General nature of it business, or establishme which employed or (em 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO	nduetry ent in ployer) Nacyland Nacyland Mayland Betty Klepste	LEDGE	Signed *State the Violent Causes, Accidental, Suicidia B LENGTH OF Fients or Recent	(Dura (Address) Disease Causin state (1) Mea or Homicidal. RESIDENCE (Fr. (Residents)
particular kind of work (b) General nature of it business, or establishme which employed or (em 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country)	modustry modustry modustry maryland Maryland Betty Klepste Maryland Maryland	LEDGE	Signed **State the Violent Causes, Accidental, Suicid: B LENGTH OF Fients or Recent At place of death yrs	(Dura (Address)

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.: Ward) St.: Ward) (If death occurred I a hospital or institution, give its NAME in stead of street an number.)
MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH July 2 9th, 1802
Dionth) (Year)
17 I HEREBY CERTIFY, That I attended the deceased from
that I last saw ht rottlen July 02 9 137
and that death occurred on the date stated above, at
The CAUSE OF DEATH * was as follows:
Sportanearo abortini
(Durstion) yrs mos d
Contributory Secondary
(Durstion) yrs mosd
(Signed) M. M. Darrust M. [July 29th 182 (Address) misland hid
*State the Disease Causing Death, or, in deaths from Vlolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tran ients or Recent Residents)
At place of deathyrsmosds. In the Stateyrsmosd

DATE OF BURIAL

ADDRESS

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Physician, Compositor, Architect, Locomotive engineer, tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. taken. For violent deaths state means of injuny State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, approved by Committee on Nomenclature of the (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train— American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU

V

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

7. PHYSICIANS should state Exact statement of OCCUPA-

N. B.—WRITE PLAINLY, W.

STATE OF MARYLAND—CERTIFICATE OF DEA	STATE	OF MARYI	AND-CERTIFICATE	OF DEATH
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1. PLACE OF DEATH	——(3)
County allegary	Registration Dist. No.
M. O. A. H. O. Y. K.	Np. St. Ward
Village or City Company of Company	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrs,mo	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mortinger &	moure
(a) Residence: Np. 2hlslerus	Ward.
(Usual place of abode)	If nonresideot give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DAVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If merried, widowed, or divorced	(month) (bay) (leel)
HUSBAND of (or) WIFE of	22. THEREBY SERTIFY, That I stended deceased from
6. DATE OF BIRTH (month, dey, and year) Oct 20, 1857	liest saw han alive on 7/39 / 192 death is said
7. AGE Years Months Days If LESS then	to have occurred on the date steted ebove, atm,
14 9 29 1 dey,hrs	THE PROPERTY CAUSE OF BEAT BAILT FEETER CEUSES OF IMportance
8 Trade profession or particular	Date of onest
8. Trede, profession, or perticuler kind of work done, as SPMNER. A SAWYER, BDDKKEEPER, etc. P. A DA REC	- / // // // // // // // // // // // //
kind of work done, as SPINNER. SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete decessed lest worked at spent in this occupation (month and spent in this company).	
SAW MILL, BANK, etc	
	1
year) occupation occupation	Dther Contributory Captes of importence:
12. BIRTHPLACE (city or town)	Chour forms
(Stete er country)	
13. NAME A TILL STATE OF STATE	
14. BIRTHPLACE (city or town)	Name of operation
(State of Country)	Whet test confirmed diegnosis? Was there en autopsy?
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill In elso the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of Injury
∑ (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Soma Claregher	Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
(Address) Hestingslet, m	4
18. BURIAL, CREMATION, DR REMDYAL	Menner of injury
Place Dete 19 July 19	Neture of injury
19. UNDERTAKER U. S. S.	24. Wes diseese or Injury in any way releted to occupation of deceesed?
(Address) / Darty Md	If so, specify
20. FILED rely 20, 193 / a Bagarbeker	(Signed) M. D.
Registrar.	(Address) / Cayslar fra
If more blanks are needed, address State Registrat	, 2411 N. Charles Street, Baltimore, Requesting G. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was done.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		CEDI & STA	
Other contributory causes of importance:		Other contributory causes of importance:	1
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SP	PACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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or- A.	STATE OF MARYLAND—	CERTIFICATE OF DEATH
sts UP	1. PLACE OF DEATH	VANTURE OF THE PROPERTY OF THE
uld CC	County allegany	Registration Dist, No.
sho of O	Village or City Ast Thurg	No. Miners / Bospitas Ward
7= 0		death occurred in a horpital or institution, give its NAVIE instead of street and number) 12 de How long in U.S. if of foreign birth yrs. mos. ds.
Every CIANS ement	7-1 W. L	C. C.
- F #	2. FULL NAME Mars Mester	a. Surge Ditt
RECORD. PHYSIC Exact stat	(Usual place of abode)	St., Ward. Males Chia
RECC PF Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Y. Ex	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
d.	Tenne white widayed	(Month) (Day) (Year)
(ANE) ACT assified	53. If merried, widowed, or divorced HUSBANO of	22. HEREBY CERTIFY, That Nattended deceased from
	(or) WIFE of all Sterry	July 8 1932 July 20, 1932
EX EX cl y cl te.	6. DATE OF BIRTH (month, day, end year) Unlighted	Mast saw he Valive on July 20 1932; death is said
ed ed fica	7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, al #m.
IS A I stated proper ertifica	88 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
be be loof of	8. Trade, profession, or particular kind of work done, as SPINNER ASSETS SAWYER, BOOKKEPER, etc.	Fracture of temus July8
	9. Industry or business in which	acceptental 193/2
K—T nould may back	work was done, as SILK MILL, SAW MILL, BANK, etc	
INF S sh t it on		
G CE that	year)	Other Coats batery Causes of Importance:
NFADING pplied. AG1 erms, so tha instructions	12. BIRTHPLACE (city or town) Meditothian	Chronic Nephritis
FA] ied. ms, stru	(State or country)	
UNFA supplied a terms, ee instr	13. NAME Weinberner 14. BIRTHPLACE (city or town) Anderwown	704-0
rH ly su lain See	[14. BIRTHPLACE (city or town) (AMACONO (City or country)	Name of operation. Name of Oate of
	α Ω Ω	What test confirmed diagnosis?
	12 12 1	23. If death was due to external causes (VIOL ENCE) find in 180 the following: Accident, suicide, or homicide?
INLY, be can EATH import	O 16. BIRTHPLACE (city er town) (Stete or country)	Where did Injury occur? male than my
	17. INFORMANT alec stery	(Specify city or town, county and Stale) Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
PLA hould OF D	(Address) midlothian ma	on Home
E Sh	18. BURIAL, CREMATION OR REMOVAY	Manner of injury Fell for yard
-WRIT mation CAUSI TION	Place July Odle 2 2 ,19)	Neture of Injury - Frankweff - / fry
-WRI mation CAUS TION	19. UNOERTAKER LYMSTY	24. Was disease or Injury In any way related to occupation of decease?
B.	(Address) Troswing mide	If so, specify
z (T)	20. FILED //W , 1937 (1.17. 8) Och	(Signed) M. D.
	Registrar. If more blanks are needed, address State Registrar.	(Address)
	, and the first	Charles one of Dammore, Acquesting U. J. 140. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows: Allack of cpilepsy	Date of onset
1921	Run aver by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: 1915 Attack of cpilepsy 1921 Run aver by street car July 5, 1927 Peritonitis Other contributory causes of importance:

	WITH
•	PLAINLY.
V. S. No. 1	R-WRITE PLAINI
>	Z

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	(48)
county allegany WITHIN GORP	Registration Dist. No.
Village or City Could Land 3nd	No. 2 66 El St. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
	osds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Ella Sticklan	
(a) Residence: No. 256 Elden st	St.6 -3 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4 4 COLOR OR RACE 5. SINGLE MARRIED WIDOWED.	MEDICAL CERTIFICATE OF DEATH
OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. It pfarried, widowed, or divorced HUSBAND of (or) WIFE of	22. O I HEREBY CERTIFY That J attended deceased from
(01) HITE OF JOSEP	Jan 20,32 Jul 29,32
6. DATE OF BIRTH (month, day, and year) (Let 25, 1880	I have saw have alive on 19 3; death is sald
7. AGE Years Months Days If LESS than 1 day,hrs	to have occurred on the date stated above, at 2 m.
5/ 9 L ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Caremona obil
9. Industry or business in which work was done, as SILK MILL,	There me
SAW MILL, BANK, etc	1 (23)
O this occupation (month and spent in this occupation occupation	
12. BIRTHPLACE (city or town) More Lield 2002	Other Contributory Causes of Importance:
(State or country)	
13. NAME	- Care
14. BIRTHPLACE (city or town)	Name of operation Date of Date of
colored Country)	What test confirmed diagnosis? Was there an autopsy?
1 15. MAIDEN NAME / Elecca Griles	23. If death was due to external causes (VIOLENCE) filf in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury
A 0' D L O.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT COUNTY CARREST ST. C.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury 200
Place Clarka, Dr. Mal Date Oling 1, 1933	Nature of Injury
19. UNDERTAKER John & Wolford (Address) & Cumbert and Ind.	24. Was disease or injury In any way related to occupation of deceased?
20. FILEDELLY 30, 103 2 Daniel Registrar.	(Signed)
	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	- 36
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis BUREAU V. S.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA

County Cille	imi		Registration Dist. No.		
	- Ita	2			
Village or City	\$700000		NO. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)		
Length of residence in city or town whe	re death occurred	yrsmo	sds. How tong In U, S. if of foreign birth?yrs,mos,d		
2. FULL NAME	Jaly)	Show	as		
(a) Residence: No.	Juffa.	Lucy	St., Ward.		
PERSONAL AND STATIS	(Usual place		If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE	-	RIED, WIDOWED,	21. DATE OF DEATH		
male Mil		D (write the word)	July 12 193 2		
5a. If merried, widowed, or divorced	1 000		(Month) (Dey) (Yeer)		
HUSBAND of (or) WIFE of			22. IHEREBY CERTIFY, That i attended deceased fro		
			19 32 to: (19 3)		
6. DATE OF BIRTH (inonth, day, end yeer)	1 5	1615064	I last saw h alive on , 193 ; death is sa		
7. AGE Yeers Months	Deys	If LESS than 1 dey, hrs.	to have occurred on the date stated above, let . T tm. The PRINCIPAL CAUSE OF DEATH and related causes of importance		
0		ormin.	were es follows: Date of onse		
8. Trede, profession, or perticuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.			Foxic planes Il		
Industry or business in which					
work wes done, as SILK MILL, SAW MILL, BANK, etc.			wolling		
110. Dete decessed lest worked et this occupetion (month and	sq2	ime (yeers) nt in this			
yeer)	0601	upation	Dther Cuutributery Causes of importence:		
12. BIRTHPLACE (city or town) (State or country)	That				
13. NAME DIFT	- T				
I /			Name of a second		
14. BIRTHPLACE (city or town)			Neme of operation Dete of What test confirmed diagnosis? Was there an europsy?		
15. MAIDEN NAME	a Grace	Himas	23. If death was due to externel ceuses (VIOL ENCE) fill in else the following:		
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	,		Accident, sulcide, or homicide?		
(Stete or country)	704	*****	Where did injury occur?		
17. INFORMANT Tille	ans Ile	mas	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
(Address)	ostbring	nd			
18. BURIAL, CREMATION, OR REMOVAL	17	/12 11	Manner of Injury		
Piece	Date	//> ,193 >	Nature of injury		
19. UNDERTAKER J	leomas		24. Wes diseese or injury in eny wey releted to occupation of deceased?		
(Address)	witting	mod	If so, specify		
20. FILED 7/12 1932	a.R. Ma	eper	(Signed) 4.16, Factor M.		
		Registrar.	(Address)		

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago
2			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	

Yo. 1

				OF MAR	YLAND-	-CERTIFICATE OF DEATH
1	. PLACE	OF DEAT	5 H	TEME	HN OORPOL	WIE LIMITS Posietration Dist. No. 4
	County_	ARK	Hon	40	A CT	Registration Dist No.
	Village o	r City	sunt	perfa	my hosp	No. (If death occurred in a horpity or institution, give its NAMI instead of street and number)
	Langth of	rasidence In cit	y or town whera	daath occurred		os. 7. ds. How long in U.S. if offoreign birth? yrs. mos. ds.
2	. FULL N	AME.	Hola	n of	wias	
	(a) Resi	lence: No	Old	toun	18 dast	St., Ward.
-	PERSO	NAI AN	DETATION	(Usual place		If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. 5			R OR RACE	1	RRIED, WIDOWED,	21. DATE OF DEATH
	7	6	W	OR DIVORC	ED (write the word)	July 25 193
a.	If married, wi	dowed, or divo	rced	-		(Month) (Day) (Year)
	(or) WIFE o	600	10	Tur	99	22. f HEREBY CERTIFY, That I attended deceased from
6 [ATE OF BIR	H (month day	and year)	Pan 2	8 1912	1 last saw h
	AGE	Years	Months	Days	If LESS than	to have occurred on the date stated above, at 6.25 m.
	20		5	22	1 day,hrs	mera as follows:
	8. Trade, pu	Ofassion, or pa	rticutar as SPINNER	04.		Primming Rober - follow gate of onset
ייייייייייייייייייייייייייייייייייייייי		of work dona, ER, BOOKKEE or businass in		18000	Rwgi	offening foul them lings
5	work	was dona, as S MILL, BANK, e	ILK MILL.			
3	10 Date dad	aasad lest wor	ked at	11. Total	time (yaars) ant in this	,
			~ /		cupation	Other Contributory Canses of importance:
2.	BIRTHPLACE		Copy	Mon		
×	(Stata or	country)		Engr	4	
ראוחבא		/\0\	JOF	un	varigh	Hall clone
2		ACE (city or to or country)	wn)	wwa		Name of operation Date of What test confirmed diagnosis? What less confirmed diagnosis? What less confirmed diagnosis?
	15. MAIDEN	NAME	T	Elen		What test confirmed diagnosis? 2.2. If death was due to axtarnal causes (VIOL ENCE) fill in elso the following:
	16. BIRTHPL	ACE (city or to	wn)			Accident, suicide, or homicide? Date of injury19
		or country)	1	ew wa		Where did injury occur?
7.	INFORMANT.	Las	L E	du	41	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
R	(Address) BURIAL, CRE	ATION OR R	EMOVAL	1400	36	
٥.	Place 1	avish	semon	abote De	l, 2232	Manner of injury
		Cum	buta	and the	0	Natura of injury
9.	UNDERTAKER (Address)	Joh	n y	ford	1 9 6	24. Was disaase or injury in any way related to occupation of dacaasad?
	FILEREL	122	937	Ham	Alla.	(Signed) M. D. M. D. M. D.
20.	y	, I		marie	Registrar.	(Address) 12 1 131 Am
			If more	blanks are needed,	address State Registro	7, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes | Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-JARGIN RESERVED FOR BINDING

PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

of OCCUPA-

Exact statement

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	. PLACE OF DEAT		- 110 000	AIN CORPUR	46)
	County	regany			Registration Dist. No.
	Village or City	Campera	200 · 30		No. St., 5 Ward
			_,		death occurred in a hospital or institution, give its NAME instead of street and number)
				yrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2	. FULL NAME	L v:	nolynco		•
	(a) Residence: No				St., Ward.
-	. BEDSONAL AN	D CTATICTI	(Usual place		If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
-	PERSONAL AN	R OR RACE	1		21. DATE OF DEATH
3.	Mole Wi	i t	OR DIVORCE	RIED, WIOOWED, D (write the word)	(Month) (Day) (Year)
5a.	If married, widowed, or divo HUSBANO of (or) WIFE of	rced Leng. T	11.55		1 HEREBY CERTIFY, That I attended deceased from
6.	DATE OF BIRTH (month, day	r, and year)	Jan. 25.	1851	I lest saw have elive on July 11, 1932; death is said
7.	AGE Years	Months	Oays	If LESS than I day,hrs.	to have occurred on the date stated above, at
		5	16	ormin.	The PRINCIPAL CAUSE OF OEATH and related causes of Importence were as follows:
Z	8. Trede, profession, or pa	erticular as SPINNER		-	Carana of Stowach
OCCUPATION	kind of work done, SAWYER, BOOKKEE 9. Industry or business in		*************	nr	6 km
JPA	work was done, as S SAW MILL, BANK, e	SILK MILL,			
S	10. Oate deceased last wor	ked at	11. Total t	ime (yeers)	
0	this occupation (mor		spa	nt in this	
				MA	Other Coutributory Causes of importance:
12.	(State or country)				Chartin Starration
2		lay Twi	40.00		Thurston & do 27 race
FATHER			Md		
FA	14. BIRTHPLACE (city or to (State or country)	wn)			Name of operation Date of
œ	15. MAIOEN NAME	Don't K	NOT	•	What test confirmed diagnosis? Was there an autopsy?
MOTHER			Pont	Know	23. If death was due to external causes (VIOL ENCE) fill In also the following:
MO	16. BIRTHPLACE (city or to (State or country)	wn)	20110		Accident, suicide, or homicide? Oate of injury, 19
		arlev 6	owers		Where did injury occur? (Specify city or town, county and State)
17.	(Address)	merland			Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18.	BURIAL, CREMATION, OR R	-			Manner of injury
	Place Mt In	odor	Oate		Nature of Injury
,,	UNDERTAKED J.	olm.C.Vo	olford		24. Was diseese or injury In any way related to occupation of deceased?
19.	(Addiess)	Marketini.	3		If so, specify
	- betune	24/1	24.110.10	Mh	(Signed) JROS. W. D. M. D.
20.	FILED	192.1.011.5	unily V	Registrar.	(Address) Levent to tund nell
-		1979			

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	411 7 6 . 7	
	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
5		
•	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	July 5,1927	July 5,1927 Peritonitis Other contributory causes of importance:

TION is very important. See instructions on back of certificate.

of OCCUPA.

1	S	TATE C	OF MAR	YLAND-	CERTIFICATE OF DEATH	1379
	1. PLACE OF DEA	THO		uzd to a con	POODATE LIAANTO (/9)	
	County CC	le 90	agely "	VITH IN COR	PORATE LIMITS "9" Registration Dist. No.	4
	Village or City	Culu	billa		ND. St., if death occurred in a hospital of institution, of this NAME instead of street an	Ward d number)
	Length of residence in c	ity or town where	death occurred	yrs,mo:	s. 13 ds. How long in U.S. if of for in birth?yrs	.mosds.
	2. FULL NAME	Wal	ter C	Lucia	4	
	(a) Residence: No	18	under	au lot	St., Ward.	
-	DEDCOMM AN		(Usual place		If nonresident give city or town a	nd State
-	PERSONAL AN				MEDICAL CERTIFICATE OF DEATH	
	Male 9	OR OR RACE	OR DIVORCE	RIED, WIDOWED, (writethe word)	21. DATE OF DEATH 12 27	193 Z (Yeer)
5a	. If married, widowed, or dive HUSBAND of	ced		1		
	(or) WIFF of	ruglo			22. I HEREBY CERTIFY, That I attende	ed deceased from
6	DATE OF BIRTH (month, de		Mar	9 193	19 10	7,19.31
	AGE Yeers	Months	Days	If LESS then	to have occurred on the date stated bove, at 9.25 P.m.	; deeth is sald
		4	18	I dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
z	8. Trade, profession, or pa	articular	, , ,	r ormm.	were as follows:	Date of onset
LION	kind of work done, SAWYER, BOOKKEE				Cighile Ilao Colity	July
IPAT	9. Industry or business in work was done, as S SAW MILL, BANK,	which				40
OCCL	SAW MILL, BANK, of Date deceased last wor		11 Total ti	ma (vaara)		1437
0	this occupation (more year)	nth and	11. Totai ti spen	it in this		
			1	P411011	Other Contributory Causes of importance;	0.
12	. BIRTHPLACE (city or town) (State or country)		a o		Intestment loxelina	Toto
2	13. NAME 9 2	to 10	01			20
FATHER	1100	80	Daniel Och	99		1935
FA	14. BIRTHPLACE (city or to (Stete or country)	wn)	rud y	4	Name of operation Dete of	
ER	15. MAIDEN NAME	and.	J	1740-0	What test confirmed diagnosis? Was there ar	
MOTHER		- Co-Cu	1	o ay g	23. If death wes due to externel causes (VIOLENCE) fill in elso the foliowi	
M	16. BIRTHPLACE (city or to (State or complety)	wn)	a	¥-(/	Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
17	INFORMANT XO	adau	10)	10	(Specify city or town, county and St Specify whether injury occurred in iNDUSTRY, in HOME, or In PUBLIC P	ate)
17.	(Address)	tynd	Man)	ta	openy whether injury occurred in INDUSTRY, in HOME, OF IN PUBLIC P	LACE,
18.	BURIAL, CREMATION, OR R	REMOVAL	1	0.1	Manner of injury	
	Place 1444	Many	Date Ju	79,19.3	Nature of injury	
19	. UNDERTAKER	uin) T	Join	Cita ?	24. Was disease or injury in any way related to occupation of deceased?	
	(Address)	welk	claus	2 Sala	If so, specify	
20	FILEDER 29	132 Ala	kuen Il	neces	(Signed) (O the Owens	M. D.
			7.1	Registrar.	(Address) Peurheleure	lud
		If more	blanks are needed, ac	ldress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

		Eve	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIA	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact stateme	1
		ORD	HYS	sti	
		KEC.	豆	Xact	
		LL	Y.	(E)	
5		NEN	TI	fied.	
1		MA	AC	assi	
1		PER	EN	y c	ite.
-		Y	ted.	per	ifica
1		SIS	sta	pro	cert
1		HIS	l be	be '	t of
		[]	pinoi	may	back
2		Z	Est	it it	on
		SN	AG	tha	ions
1		ADI	èd.	s, se	ruct
		JNE	ppli	erm	inst
CONTRACTOR OF CO		1 1	ns A	ain t	TION is very important. See instructions on back of certificate.
•		WIT	fully	n pla	nt.
		Υ,	care	H.	orta
		IN	be	EAT	imp
	'	PLA	plno	F D	ery
		E	sh	E O	is v
		VRI	tion	MA	NO
		1	m	0	T
		B.	-	-	,
		-	1	9	

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	BATE LIMITE (210-IM)
County Clllgauen	Registration Dist. No.
Village or City Jews reland	Not Removed Despetalst, of Ward
Length of residence in city or where deeth occupiedyrsyno	death occurred in a hospital or institution, give its NAME instead of street and number) All ds. How long in U.S. if of foreign birth?
2. FULL NAME John Calvye 1)	and
(a) Residence: No. 433 Societies	St., # Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
That On ON The OR DIVORCED (white the work)	July 9 193 2
5e. If merried, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of Ida, C. Rusa	22. 1 HEREBY CERTIFY, That I attended deceased from
7.1.01.00	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Deys if LESS than	I lest sew h alive on
7. AGE Years Months Deys if LESS than 1 day,hrs.	to heve occurred on the dete stated above, atm. The PRINCIPAL CAUSE OF DEATH and related ceuses of importance
8. Trede, profession, or perticular	were as follows:
kind of work done, as SPINNER, Cabruetmaker SAWYER, BOOKKEEPER, etc.	Tractice of Noute
Industry or business in which	The same tour
SAW MILL, BANK, etc	au butter of maron mon
	cocident occurred on Baltimore Ovi
year) occupetion	Other Contributory Causes of importence mer Cumberland ml
12. BIRTHPLACE (city or town)	aut 9
(State or country)	
13. NAME Chequaters I fard	
14. BIRTHPLACE (Ly or town)	Neme of operation Dete of
(Stete or country)	Whet test confirmed diegnosis? Was there an eulopsy?
16. BIRTHPLACE (city or town)	23. If deeth wes due to externel causes (VIOL ENCE) fill in elso the following:
O 16. BIRTHPLACE (city or town) (State or Quality)	Accident, suicide, or homicide? Dete of injury, 19
(State of Equality)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT ALLE FAIR PARTY	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CRUATION OR REMOVAL	Menner of injury
Plece Bellement legate Jul 17, 1932	Neture of injury
19. UNDERTAKER Louis Stew due	24. Was disease or injury in any way related to occupation of deceased?
(Address) Curreland mo	If so, specify
20. FILEDELLY 12 1937 Mary A Mary	(Signed) OP Danaw Corange
Registrar,	(Address) Commelland Mid
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy 1 week ago 1915 Arteriosclerosis Run over by street car 1 week ago Chronic interstitial nephritis 1921 Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: May 1,1923 Gastroenteritis 1 year Gallstones

	Village or City	Cemp	WITHIN CORPO	No. 653 Registration Dist. No.	St. 6 -
2	Length of rasidan P. FULL NAM! (a) Residence:	Vera 7		os. ds. How long In U. S. if of foreign birth?yrs	mos
	PERSONAL	AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF D	
3. S	7 14	COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIPORCED (write the word)	21. DATE OF DEATH PULY 27	7 , 193
5a.	If merried, widowed, HUSBAND of (or) WIFE of	or divorced		22. HEREBY CERTIFY. That	l ettended dece
6. D	DATE OF BIRTH (mo	nth, day, and year)	May 21-3		,19,3 Z ; de
7. A		Months 3	Days If LESS then 1 day,hr	to have occurred on the date state above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Impowere as follows:	
PATION	SAWYER, BO	dona, es SPINNER, OKKEEPER, etc.		Deput Pleo Rol	itis Q
OCCUPA	SAW MILL, E	BANK, atcast workad at on (month and	11. Total time (years) spent in this oc:upation		
12.	BIRTHPLACE (city or (Stets or country	town)	md	Other Contributory Causes of importence:	
ER	13. NAME	non	an white	Juliania 1	J.
FATH	14. BIRTHPLACE (ci		mod	Name of operation Whet test confirmed diagnosis? We	
MOTHER	15. MAIDEN NAME		a toutaine	23. If death was due to external causes (VIOL ENCE) fill in also the Accident, suicide, or homicide? Data of injury occur?	ha following:
17.	INFORMANT (Addrass)	os seo	ria Crawford	(Specify city or town, cou Specify whether injury occurred in INDUSTRY, in HOME, or in	nty and State) PUBLIC PLACE,
18.	Plece Porc		Dete July 28, 19.3.	Manner of Injury	
	UNGERTAKER	orano.	Stall Zun	24. Was diseesa or injury in any way releted to occupation of de	ceesad?

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Example I			Example II		
The principal cause of death and related of importance were as follows:	d causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclcrosis		1915	Attack of cpilepsy	1 week ago	
Chronic interstitial nephritis	,	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	RE	July 5,1927	Perilonitis	3 days ago	
Other contributory causes of importance	e:	5	Other contributory causes of importance:		
Gallstones	P.	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

65-8 12 hand

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	// -
County Alle New THIN CORE	OBATE LIMITE Registration Dist. No.
Village or City wholed and	No. 110 Jaca St St. Ward
Length of residence in the or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U. S. If of foreign birth?
N. 115 17	To low long in the
2. FULL NAME CONAID GASE I	mon
(a) Residence: No. 110 Vaca (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OB RACE OR DIVORCED (write the word)	21. DATE OF DEATH
Male Male Single	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of	July 10. 1932 to sely. 19. 1932
6. DATE OF BIRTH (month, day, and year) May 7-/930	(Jast saw View elive on July /18. 193 2 death is said
7. AGR Years Months Deys If LESS than	to have occurred on the date stated above, at 830 Pm.
2 2 /2 1 dey, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER	Pileuweura, Oate of onset ?- 16.3
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked et this occupation (month and spant in this	
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	Septe some Kural 9-10-9
13. NAME Frank Wilson	Shiplocescus
	720.
(State or country (1) Latina Co. 11/16	Name of operation. Mosel Date of
15. MAIDEN NAME MANNA LINON	What test confirmed diagnosis? Lakes along. Was there an aulopsy?
	23. If death was due to external causes (VIOLENCE) fill in also the following:
2 16. BIRTHPLACE (city or town) (State er country)	Accident, sulcide, or homlcide?
Frank Wilson	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address) 1/0 Paca St Cita	The state of the s
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place 1 102 the clim Date July 2 1, 1932	Nature of injury
19. UNDERTAKER 2. S. Butler	24. Wes disease or Injury in any wey related to occupation of deceased? MLO
(Address) Combufand my	If so, specify.
20. FILED relifal, 1937 Januey H Muss	(Signed) (Sunday On. D.
Registrar.	(Address) Cecelberch Gerel Willa
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. z.

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Example I	-	Example II	
The principal cause of death and related cause of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU	ý .		
Other contributory causes of importance:		Other contributory causes of importance:	ne
Gallstones	May 1,1923	Gastroenteritis	1 year

M)	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	nation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-		
FOR BINDING	S IS A PERMANENT REC	stated EXACTLY. I	properly classified. Exac	certificate.	
MARGIN RESERVED FOR BINDING	UNFADING INK-THIS	supplied. AGE should be	in terms, so that it may be	IION is very important. See instructions on back of certificate.	
1	WRITE PLAINLY, WITH	nation should be carefully	CAUSE OF DEATH in plai	rion is very important. S	

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(119)
County allegany WITHIN CORPOR	RATE LIMITS Registration Dist. No. 4
Village or City CourtesCaux	No. 134 Hunting St, 6-3 Ward
(If	death occurred in a horpital or institution, give its NAME instead of street and number) 12 ds. How long in U.S. if of foreign birth?
2 FILL NAME Mary Madine Of	(++-1)) Aga-1
Z. I OLL NAME	1 or 6 = 2 w. 1
(a) Residence: No. (Usual place of abode)	St., 6 3 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Esex 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH LULY 70 , 193 72 (Year)
a. If married, widowed, or divorced HUSBAND of	7 3
(or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from July 13 1037 in July 20 1037
5. DATE OF BIRTH (month, day, and year) January 2.1932	I last saw how alive on July 20 , 1932; death is said
AGE Years Months Days If LESS than	to have occurred on the date stated above, et
6 /2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER,	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc Lindustry or business in which	ly 7 X, 1
work was done, as SILK MILL, SAW MILL, BANK, etc	Lastro-Eulerités July 13.143
1). Date deceased last worked at this occupation (month and pear) 11. Total time (years) spent in this occupation	
DIPTUDI ACT (situat town) . Par Angland: Mich	Other Contributory Causes of importance:
(State or country)	
13. NAME Roy E. Suite	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Mary & Wilson	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17, INFORMANT 7 Pay S. (Address)	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place t raukling Will Date July 2319 32	Nature of injury
19. UNDERTAKER LOUIS State Dec	24. Was disease or injury in any way related to occupation of deceased? Zw
(Address) Color Card Mist	If so, specify
20. FILEDERY 23 193 V Harry N Men	(Signed) M. D.
Registrar.	(Address) Custaland Ind

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-c 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Altack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis 2	3 days ago
	Street, and		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND—CERTIFICATE OF DEATH DCCU Registration Dist. No. Village or City of death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in ? How long In U.S. if of foreign birth? vrs. mos. statement If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. COLOR OR 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, DIWORCED (write the word) (Month) classified. 5a. If married, widowed, or divorced HUSBAND of 22. 1 HEREBY CERTIFY, That I attended deceased from (or) WIFE of PER [2] certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE If LESS than Years Month to have occurred on the date stated above, at ______m. stated 1 day, ____ hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance SI or min. were as follows: 8. Trade, profession, or particular ATION THISkind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.___ be Jo back may Industry or business in which pluods work was done, as SILK MILL, SAW MILL, BANK, etc..... OCCUP 10. Date deceased last worked at no 11. Total time (years) this occupation (month and spent in this that occupation instructions AG1 Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town (State or country) supplied. terms, FATHER See Name of operation. plain (State or country) carefully What test confirmed diagnosis?. MOTHER important. 15. MAIDEN NAME in DEATH 16. BIRTHPLACE (city or (State or country) Where did injury occur?____ should be very 17. INFORMAN OF 18. BURIAL, CI ATION, OR Manner of injury AUSE mation TION Nature of injury 19. UNDERTAKER (Address If so, specify M 20. FILED HOLES Registrar. (Address)

23. If death was due to extarnal causes (VIOLENCE) fill in also tha following: Accident, suicide, or homicide?______ Date of Injury_____, 19__ (Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. 24. Was disease or Injury in any way related to occupation of deceased? If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Date of onset

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Alig R 1832	7		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	Moy 1,1923	Gastroenteritis	1 yeor

ADDITIONAL	SPACE F	OR FURT	THER STAT	EMENTS BY	PHYSICIAN
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V. S. Mo. 1

of OCCUPA.

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OCCUPATION

MOTHER | FATHER

19. UNDERTAKER

DR. JOHNSON

(Addrass)

Jr.

	Village or Ci	TO DEATH LLEGANY ty Christian tence in city or town where d	WITH exclanded eath occurred	IN CORPOR	No Messacial Askela St., 6 - Ward weath occurred in a hospital or institution, give its NAME instead of street and number)
	(a) Residence	ce: NoRFD;	#4 BOX (Usual place of	77 SIEBE	ERTSt.,MD . Ward. If nonresident give city or town and State
	PERSON	AL AND STATISTI	CAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH
3. :	SEX	4. COLOR OR RACE	5. SINGLE, MARR		21. DATE OF DEATH
M	ALE	WHITE	OR DIVORCED NARRIE	(write the word)	JULY I3 (Month) (Day) (Yaar)
6.	If marriad, widowed HUSBAND of (or) WIFE of DATE OF BIRTH (IN AGE Year	MARY U.DAV	IS ZIMMF	RLY 858	22. I HEREBY CERTIFY. That I attended deceased from 1932 to 13 1932 Just saw h. alive on 1932 to 1932 death is said to have occurred on the date stated above, at 10;50 P.M.
OCCUPATION 7	8. Trada, profes kind of w SAWYER,	sion, or particular ork dona, as SPINNER, BOOKKEEPER, etc.	Bays 3 RETIRED	l day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
OCCUP	10. Data decease this occup	L, BANK, etc.		ia (years) in this ation	
12.	BIRTHPLACE (cit (State or coun		AND		Other Contributory Causes of Importance:
CC	13. NAME	R.L.ZIMMERL	V		
FATHER		(city or town) MAR			Name of operation Date of What test confirmed diagnosis? Was there an aulopsy?
MOTHER	15. MAIDEN NAM	(city or town) MAR	ANNISON YLAND		23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homiside? Where did injury occur?
17.	INFORMANT	MEMORIAL HO CUMBERLAN	SPITAL		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury Nature of Injury

24. Was disease or injury in any way related to occupation of deceased

If so, specify (Signad)

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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